THE AMERICAN

MEDICAL MONTHLY.

JANUARY, 1857.

ESSAYS, MONOGRAPHS, AND CASES

Abortion: A New Method of Treatment. Read before the December Session of the "Montgomery County Medical Society." By H. Gatch Carey, M.D., Dayton, Ohio.

Abortion consists in the expulsion of a fecundated ovum from the cavity of the uterus at some period prior to the termination of the sixth month. The process may, and occasionally does, take place without involving any considerable pain or risk to the mother. Some females repeatedly lose the fruit of conception during the early months of pregnancy, with little more suffering and loss of blood than are incident to ordinary menstruation. But this is not the rule upon this subject; indeed, they rarely enjoy such immunity. On the contrary, this accident is occasionally fraught with the most disastrous consequences to the health and life of the female. Hour after hour, and day after day, are often spent in painful watching on the part of the patient and her attendants, while, in defiance to the best directed efforts of the skilled physician, the ovum still is retained, and the life-blood continues to well out through the divided vessels of the utero-decidual connection, until death, perhaps, finally

closes the scene. Between these two extremes, there is almost an interminable difference in the degree of danger attending abortion.

I do not propose to dwell upon the predisposing and exciting cause of this difficulty, the frequency of its occurrence, or the best acknowledged methods of treatment. These are supposed to be familiar to every intelligent member of the profession, and, therefore, not called for in this place. My remarks will be confined chiefly to that period or condition of pregnancy in which the ovum derives its nourishment from the mother, mainly through the medium of the deciduous membrane.

A period often arrives in the treatment of abortion, when all hope of saving the life of the embryo has vanished, and when its longer delay in the cavity of the uterus emperils the life of the female, by perpetuating hemorrhage. There is here but one indication, and that is palpable, even to the tyro in the obstetric art. The ovum and its envolucra are the great sources of trouble, and they must be got rid of, or the life of the female will inevitably pay the penalty of delay. During the early stages of utero-gestation—within three and a half months—the condition of the uterus generally presents insurmountable obstacles in its unyielding os and parietes and small cavity to manual delivery of the ovum. Occasionally it is possible to introduce a finger and turn the embryo from its bed in the womb, and thus speedily put an end to the flooding; but this cannot often be performed without inflicting unwarrantable violence upon the uterine structure.

The uncertainty of ergot in exciting uterine action has inspired in the professional mind a feeling of distrust, in reference to its efficiency in these cases. The practioner instinctively turns from it in quest of some other agent more worthy of confidence. The placental hook is of little value at this early stage of pregnancy, on account of the delicate nature of the structure sought to be extracted. When introduced it presses through the semi-organized mass, meeting with little more obstruction than might be anticipated from a firm coagulum. Whatever value this instrument may enjoy at more advanced stages of pregnancy, it certainly is quite valueless at the period under consideration, as an extractor. Various species of forceps have been contrived for the purpose of removing the embryo from the cavity of the uterus, and some of them may be used with success in certain conditions of the maternal soft parts; but this result is far from being uniform. The only means left the practitioner is to securely plug the vagina, and patiently await the spontaneous action

of the uterus inrelieving itself of the offending mass. This, as a general remark, will eventually be accomplished by the action of its fibres, or by maceration and decomposition. Days and weeks are, however, often occupied in the completion of these processes, and they are fraught with constant suffering and peril to the patient. So long as any portion of the deciduous membrane remains partially attached to the uterus, so long will hemorrhage be liable to recur whenever the mechanical obstacle is removed from the vagina, which prevents a free discharge of blood.

The horizontal position, quiet, cold, astringents, anodynes, ergot, the finger, placental hook, and forceps, have all perhaps been used in turn, and failed to relieve the patient. Nothing but the tampon stands between her and death; and when this is removed to cleanse the passage of decomposing blood and excretions, hemorrhage returns. In this extremity the question naturally arises: Can anything else be done that promises relief from this state of peril and anxious suspense? I answer in the affirmative. *Separate the decidua from all vascular connection with the uterus, and the work is performed.* This operation can always be performed successfully, and whenever the usual means for relieving the patient have failed, and flooding persists, it is justifiable. No good can result by longer delay. All prospect of saving the ovum has passed and the security of the mother must now exclusively engage the attention of the accoucheur. The tampon is efficient in controlling hemorrhage when judiciously applied; but it is a constant source of mechanical irritation to the soft parts, and when continued for any length of time, which often is necessary, it is sufficient to superinduce fatal inflammation in certain constitutions. The persistent drain of the fluids of the body through the uterus, and the absorption of poison from this cavity and vagina, generated by the decomposition of blood and excretions which have been prevented from escaping, through the intervention of the tampon, are prone to engender enema, and lay the foundation for incurable diseases. Then too, the female is in a constant state of trepidation and fear, as long as she remains undelivered. The sooner, therefore, she can be relieved from this source of local irritation, constitutional drain, and mental apprehension—to say nothing of the trouble and inconvenience that such cases often impose upon the attending physician—the better; provided it can be accomplished without disturbing the physical integrity of the womb.

Front and Lateral View of Instrument one-third real size.

The instrument by which it is proposed to separate the decidua from the lining membrane of the uterus is quite simple. It consists of a shaft eight or nine inches in length, with an oval claw upon one extremity and a placental hook upon the other. It should be constructed of iron or soft steel and be well polished. The shaft ought to have a diameter of one-third of an inch in the centre, and taper to one-fourth at the extremities. The claw should not exceed half aninch in breadth, and should have a fenestra of half its extent. This extremity should be slightly curved in order that it may be applied with greater ease to the concavity of the uterus. This inclination will also assist the operator in turning the embryo from the cavity of the womb, when it is separated. To the other end of the shaft is attached the placental hook, fashioned after Dewee's model. For all practical purposes, when the above instrument is not at hand, one can readily be constructed from a piece of iron or steel wire with the temper drawn, by bending an oval loop on one extremity. A large sized knitting-needle answers for this quite well.

The instrument thus formed is to be grasped by the hooked extremity, and have the other directed by an index finger into the os, from whence it is to be carried to the fundus of the organ, aiming to make it glide between the decidua and uterus in its passage. From this position the instrument is made to sweep the entire cavity of the organ, the motion by which it is effected being slow and gentle. After this is done, the instrument may be made to revolve upon its long axis. One or both of the foregoing motions may be repeated until the operator is satisfied that all vascular connection between the deciduous membrane and the cavity of the uterus is effectually severed. He may satisfy his mind upon this subject by the absence of hemorrhage. If blood continues to pass from the os uteri, the work is not completed and must be re-performed. Efforts may now be made to extract the ovum by using the instrument as a scoop. Failing to accomplish the desired object, the tenaculum may be tried. If, however, gestation has not advanced farther than the first or second month, the foregoing process of separation will so have broken down the delicate structures contained in the uterus that little will be left for extraction by

the hook. If hæmorrhage should be alarming at the beginning or during the progess of the operation the finger should be introduced into the os alongside the shaft of the instrument, thereby precluding further loss of blood, without materially embarrassing the operation. Indeed, the finger thus situated, will often facilitate and hasten the operation by fixing the womb.

After the decidua is separated from the lining membrane of the uterus, the great object of the operation is accomplished. Hæmorrhage effectually ceases. If the embryonic structure cannot be removed by instrumental means, those who have confidence in the action of ergot may still prescribe this remedy. The repeated subdivisions and comminutions to which the embryo is generally submitted in this operation, will, if it cannot be extracted, greatly hasten its maceration and discharge. In dispensing with the tampon the discharges from the uterus will find a ready exit, and this may be hastened by the frequent use of some detergent wash. This agent—the tampon—should not be entirely omitted immediately after the operation, unless the operator is clearly convinced that the utero-decidual connection is completely divided.

I will detail four of the twelve cases which have been treated in the above manner by me. They are presented just as they occurred in practice, and not selected because the most successful. They give a fair idea of the success and facility of the operation.

Mrs. W., aged 28 years, robust, has aborted four times during the past two years; was not confined to her bed longer than twenty-four hours with either. Yesterday, September 10th, 1856, was seized with uterine hæmorrhage at the end of the second month, which increased up to the present hour, 8 P. M., when syncope supervened. The os was dilated so as to admit the index finger as far as the second joint. The embryo was not within the range of touch. Hæmorrhage persisted, and syncope returned every few moments, despite the free use of cold to the abdomen and genitals, a dependant position of the head, and stimulants internally. Delay promised an increase of danger. I inserted my left index finger into the os and there retained it until an instrument could be prepared from a knitting-needle, which was at hand. With this I soon succeeded in separating the attachments of the decidua from the uterus, when flooding ceased. I then extracted several segments of what I supposed to be portions of the original ovum; applied the tampon, and after rendering my patient as comfortable as possible, left her for the night. On my return next morning, I learned that

there had been no reäppearance of the hæmorrhage. The patient convalesced rapidly, and at the end of five days was up and about the house. A discharge kept up from the vagina about a fortnight. The tampon was used merely as a precautionary measure in this case, as it was impossible for me to remain any length of time with the patient.

Mrs. L., aged 24 years. Sept. 26th, was attacked with uterine hæmorrhage at two and a half months from last menstrual period. Had been under treatment by her physician for three days for abortion, and lost in all about three pints of blood. When I first saw her the pain and flooding were considerable, os uteri patulous; embryo could be felt, but not controlled by the finger. Enjoined recumbent posture, quiet, cold to the genitals and abdomen; applied the tampon and gave full doses of sugar of lead and morphine. At the end of eighteen hours, on removing the plug I found a portion of the ovum occupying the os. In attempting to get behind it with my finger, the projecting portion gave way and flooding returned. I immediately resorted to the use of the instrument above described and in the manner pointed out, and in a few moments succeeded in extracting a greater portion of the embryonic substance, after which there was no return of flooding. Convalescence was rapid.

Mrs. S., aged 37 years; was seized, after a protracted period of deep mental affliction, with uterine hæmorrhage, Oct. 9th, at 9 A. M. I saw her at 5 P. M. of same day, and found her almost pulseless, with the bed and clothing saturated with blood, and a pool eight inches in diameter upon the floor, which had passed through the couch. The physician who preceded me in the case applied the tampon and left several potions of Dover's powder. The former, on account of its size, was inoperative. As soon as an instrument could be prepared, it was introduced, and in ten minutes I succeeded in separating the utero-decidual connection, when hæmorrhage ceased. This patient being two miles in the country, I adjusted the tampon, but there was no return of the flooding. The exhaustion which ensued from the great loss of blood in this case, compelled the patient to keep her bed for ten days or two weeks, during which time there was considerable discharge from the vagina of a sanguino-purulent character. I never was satisfied that any portion of this ovum or its envolucra was extracted in the operation.

Mrs. Z., aged 27 years, was taken with what she supposed to be menstruation, it being the time for her regular period, Oct. 20th, and continued to waste during most of the week, without much pain

attending it. Oct. 25th, was seized with profuse flooding and severe pain in the back, and in a few hours passed an oval, fleshy substance, the size of a small hen's egg, which she considered an abortion. This occurred at 10 P. M., and hæmorrhage continued until 2 A. M. next morning, when syncope came on and returned frequently during the after part of the night and fore part of the morning. Her physician saw and prescribed for her during this and the subsequent day, when the flooding in a great measure ceased. Feeling quite comfortable and supposing the difficulty was over, on the 28th, with her medical adviser's permission, went down stairs and superintended her domestic affairs, until the 31st, upon the night of which day flooding returned and continued until I saw her, Nov. 1st, 8 A. M. I found her laboring under great trepidation, pale, pulse 135, small, quick, great thirst, cool skin, &c. An examination per vaginam disclosed this passage filled with clots of blood, the os uteri patulous, into which the index finger of the left hand readily passed to the second joint. The embryo could be felt entire, around the lower portion of which the finger readily passed. Hæmorrhage persisted. I introduced the instrument in the manner above detailed, and in a few moments succeeded in detaching and extracting the embryo and its investing membranes. The decidua and chorion were ruptured, as the specimen shows. That portion of the former which is absent, adhered to the uterus quite tenaciously.* When this was removed flooding immediately ceased, and the patient soon became comfortable. During the afternoon of this day there was slight febrile reaction, which yielded in twelve hours to Spirits of Nitre and paregoric.

The foregoing cases, excepting the second, had all advanced to that stage, when longer delay threatened the life of the female. The embryos were unequivocally lost. Had these patients been seen by me at their commencement, all the preventive means of abortion would have been put in requisition, and they failing to secure the desired

* The members of the Society will not fail to observe how perfectly the specimen is preserved, retaining all the original shades of color of the decidua and the shining, flossy radicals of the chorion. The preparation exhibits a striking contrast with those of the same tissues submitted to the inspection of the members a few months since by me, which were preserved in alcohol. The preservative in this instance is Goadby's Solution, which consists of Rock salt ʒii.; Nitrate of Potash—to preserve the color—ʒij.; Corrosive Sublimate, gr. ¼; boiling water, ʒiv.; M. and filter. If it is not important to preserve the color, the Nitrate of Potash may be omitted.

object, the instrument would have been resorted to as the only agent left for terminating the case speedily, and with safety to the mother. I will here take occasion to say, as explanatory of the course of medication adopted in *Case No.* 2, that in the treatment of abortion, I always act upon the supposition, that the embryo can be saved. Profuse hæmorrhage and severe pain do not deter me from the use of preventive means. I believe that the ovum is often lost by abandoning the use of remedies too soon, which are calculated to arrest hæmorrhage and restrain uterine action, and the premature resort to the tampon.

The questions naturally arise, if the separation of the deciduous membrane from the mucous lining of the uterus is practicable at all times during the early months of pregnancy, safe to the mother, and efficient in arresting hemorrhage at what stage of the case, is the practitioner justifiable in resorting to it? And what are the indications demanding this operation? To the first interrogation I would say, that the operation is not admissable so long as there is a shadow of hope of saving the life of the new being. I believe that it is acknowledged to be sound doctrine in obstetrics, never to resort to the use of the tampon, as long as there is any prospect of preserving the ovum, and that the latter is only occasionally saved alive, when there is sufficient flooding to warrant the interposition of any mechanical means to stay the wasting. The use of the instrument will therefore, as a general thing, antedate the tampon. Again, we are assured that the embryo is much more readily expelled by the uterus with its surroundings entire, than in detached portions. Unless the safety of the mother demanded immediate delivery, the instrument should not be used until a certain length of time has transpired after the ovum is supposed to be lost in the use of those means best calculated to restrain external hæmorrhage, and secure the expulsion of the ovum entire. The only rules which I can lay down, must be drawn from the condition of each individual case. When the life of the ovum is despaired of, the health and life of the patient put in jeopardy by profuse hæmorrhage or protracted wasting, and the usual means for controlling these conditions have been put in requisition with commendable perseverance and failed, I would say that the instrument should then be resorted to without the loss of further time.

The practicability of separating the decidua from its vascular attachments with the uterus at any period desirable, is unequivocal. If the operation is demanded during the first month of gestation, or at a more advanced period when the os is undilated, the instrument

should be fashioned to correspond with the entrance into the uterine cavity. When introduced, no great difficulty will be encountered in dividing the utero decidual connection. Under no circumstance should the least violence be done to the integrity of the uterus, as the operation can be performed successfully, without any mechanical injury being done to this organ. The risk of wounding any portion of the uterine structure with this oval polished instrument, is certainly far less than in the employment of the placental hook or forceps. Unless the finger can be introduced into the cavity of the organ, the former is constantly liable when used of attaching itself to the soft parts of the mother. This can only be ascertained by the unyielding nature of the substance upon which the tenaculum has fixed itself. And the amount of dilatation of the uterus requisite to ensure the free and successful use of the forceps in the early stages of pregnancy, cannot but result in detriment to the mother. I have carefully noted the condition of the female in all these cases treated by me after this method, and in none was there present any undue tenderness of the abdomen or uterus that could be referred to the use of the instrument.

The anatomical condition of the uterus and decidual lining during the first months of gestation, will aid us in explaining the manner in which separation of the latter from the former, acts in arresting hæmorrhage proceeding from these parts. During the process, or immediately after conception, changes of a very remarkable character are set up in the interior of the uterus, the object of which appears to be the temporary support of the ovum. The follicular structure lining the uterus undergoes a rapid development, which finally results in the formation of what was formerly supposed to be an adventitious membrane ; but which has recently been demonstrated by Profs. Sharpey and Webber, to be the inner surface of the mucous membrane of the uterus proper. This is known as the decidua vera. On arriving at the uterus, the impregnated ovum, surrounded exteriorly by the chorion, passes directly into its cavity and decidua also—the latter still being an integral portion of the former, and becomes imbedded in a nidus of nucleated cells, with which this organ is filled. These latter, which have been poured out by the uterine glandulæ, supply a pabulum of subsistence to the ovum, until the radicles of the chorion form an attachment with the decidua. Soon this latter object is effected, and then commences the process of forming the decidua reflexa, which Hunter and many modern physiologists believed to be a simple duplication, or reflected

condition of the vera. The villi of the chorion in impinging upon the decidua vera, excite in the latter, increased nutrition and development, at this particular point. Rank cell growths spring up from this basement membrane and spread over the surface of the ovular mass, until they entirely envelop it, and meet on the opposite side, where they unite with each other, forming a complete shut sack, embracing the ovum. This process has been described by M. Coste, to resemble fleshy granulations growing up around a pea situated in a caustic issue. At the end of the third month, the ovum has so grown that it fills the entire cavity of the uterus, and the reflexa comes in contact with the vera, throughout its entire extent, when they become almost inseparably united.

A radical and efficient means of arresting the flow of blood proceeding from a partially divided artery, is found in severing its connection completely. When lacerated, this is often sufficient to arrest hæmorrhage from vessels of the diameter of crow's quills, or even larger: 1. By the tonicity and contraction of their coats: 2. By retracting within their sheaths: And 3. In the case under consideration, by the consolidation or contraction of the muscular fibres of the uterus. It is to accomplish these objects jointly, that I propose the operation described in a preceding page. Whether the above, or some other be the philosophy of its successful operation, I am satisfied that it will accomplish the result claimed for it, viz: the arrest of hæmorrhage in abortion, and this is worth a world of speculation.

The practice finds a parallel or precedent, in Prof. Simpson's operation of separating the utero-placental connection, in cases of placenta previa, which now is universally conceded to be sound doctrine and safe practice. He assures us, that in nineteen out of twenty cases in which this operation has been performed by him, the attendant hæmorrhage has either at once been arrested, or it has become so much diminished, as afterwards not to be alarming. If this be true when vessels which have grown into immense sinuses are separated, how much more likely will bleeding stop from channels of minute calibre, when their parietes are ruptured.

There is no direct vascular connection at any period of utero-gestation, between the mother and her offspring or their appendages. By a distinct system of vessels, the blood of each is brought in proximity with that of the other, but at no time do the currents mingle. The minute radicles of the chorion and decidua, project into and are bathed in the vascular streams of each

other, like the bronchia of fish in the water of the river; yet, in both instances, the currents are maintained equally distinct. Each radical or vascular foot stalk, whether of the maternal or ovular appendage, carries with it wherever distributed its own investing membrane and a process of the decidua. It is therefore possible that the latter, or placenta when formed, may be separated from its attachments with the uterus, without even dividing a single arteriole or capillary, and without even spilling a drop of blood. But this result is rarely if ever accomplished during the ordinary process of abortion or parturition. On the contrary, maternal and embryonic vessels are divided, perhaps to an equal extent, from which hæmorrhage will proceed. Or, circumstances such as disease or decay, may by creating a disparity between the tonicity or strength of the vessels in the one, determine the loss of blood entirely from either of these structures alone. When disturbed or lacerated, on account of the rapidity of development going on in these parts during the early months of pregnancy, these vessels pour out from their partially divided trunks, blood in the most profuse manner. So long as this state of imperfect separation continues, hæmorrhages will be copious in proportion to the number of wounded vessels. If medication fails to put an end to this drain upon the system, and the life of the parent becomes jeopardized, she may be safely and speedily relieved by the operation of separating completely the decidua from the uterus.

Is Suspended Animation during Anæsthesia always Attributable to the anæsthetic? By A. L. Carroll, M.D.

This is a question which concerns our profession nearly, and one which deserves serious consideration on the part of the surgeon; for, if the reply be in the affirmative, it behooves him to ascertain what may constitute a liability in the patient to be thus injuriously affected by the Anæsthetic, and how to avert, if possible, such evil consequence of its administration.

I think it can be shown, however, that a suspension of the vital functions, however difficult to account for on other hypotheses, is not always to be referred to anæsthesia; and that although, on the principle of "post hoc, ergo propter hoc," the enemies of chloroform and ether persist in ascribing every untoward incident occurring during their dominion to their poisonous qualities, there are some cases whose explanation must be sought on other grounds.

During a somewhat extensive experience in witnessing the effects of anæsthesia, I have seen but three instances in which vitality was suspended while the patients were under the influence of the stupefying agent, and in at least two of these cases, I do not think that the blame can be fairly attached to the anæsthetic. The first case which I shall mention, was that of a lady of this city, mentioned by Dr. A. B. Mott in the corollary on artificial respiration appended to the report of his case of "ligature of the deep jugular vein," in your last issue. The patient was operated on for hemorrhoids. Dr. Alexander B. Mott administered the chloroform, and having thrown the patient into the desired state of insensibility, requested me to continue the effect while he assisted the operator. The lady being sufficiently under the influence of the chloroform, I desisted from its further administration, and removed the handkerchief, the breathing being at this time regular and tranquil, and the pulse about fifty-two or three; altogether, appearances were as favorable as in any instance of anæsthesia I have ever seen. After a lapse of at least five minutes from the discontinuance of the chloroform, both respiration and pulsation suddenly ceased, without any premonitary indication of failure of vital power. Dr. Mott, with instant promptness, resorted to artificial respiration, and saved the patient. Now, in this case, can the phenomenon described be traced to the effect of chloroform? . . I think not; for, in the first place, atmospheric air is confessed to be antidotal to chloroform, and the patient had been, for full five minutes, inhaling copious draughts of this antidote. Secondly, The stupefying effects of chloroform (or ether) are coincident, and increase progressively, with its administration; and we have no reason to suppose that, even denying the counteracting properties of atmospheric air, its influence can become more intense after its inhalation has been discontinued.

The other case to which I have alluded, was that of a gentleman who was operated on for varicocele, and whose timidity induced him to insist upon taking chloroform. I administered a mixture of chloroform and ether,* and upon producing the required effect removed the handkerchief, the state of the patient resembling ordinary tranquil sleep. Here the interval between the discontinuance of the anæsthetic and the cessation of apparent life was still more marked.

* R Chloroform.
Ether. Sulphuric. aa ℥ij.
M.

I had desisted from administering the mixture before the first incision was made, and it was not until the last stitch had been applied, that, as in the previous instance, the vital functions were suddenly suspended, the patient having in the mean time shown several of the ordinary symptoms of returning consciousness. I succeeded in restoring the circulation without difficulty, by a brief recourse to artificial respiration, and no after consequences manifested themselves.

In this instance, it seems to me to be simply absurd to attribute the suspension of life to the anæsthetic, as such a supposition would include the belief that the influence of the drug, after having nearly ceased (as shown by the patient wincing under the introduction of the stitches, &c.), recommenced, and increased in intensity without a renewal of the cause.

The third case (an infant), I cannot adduce, as I was a mere passive spectator, and my interest in the operative process prevented me from noticing the data of the administration of the chloroform. I merely know that animation was suspended, whether as a consequence of the chloroform or idiopathic, I have no means of deciding. The first two cases, however, seem to me to be sufficiently marked, to draw the attention of the profession to the question at the head of this article ; and if I can succeed in inducing older heads to investigate a problem, which I confess myself incapable of solving, I shall be fully satisfied.

179 Ninth street.

A Case of Ovarian Tumor, containing Hair and Teeth, causing Death by Strangulation of the Alimentary Canal. By D. S. Conant, M.D., Professor of Surgery, etc.

The patient was a negro woman, thirty years of age, who entered the Colored Home of this city Nov. 24th, and died the 27th. Some ten years or more previously, she had noticed a small tumor low down and to the left of the mesian line, which had gradually increased to the present time, when her appearance was that of one in the ninth month of utero-gestation. There was great emaciation, pulse quick and feeble, stomach irritable, and all desire for food entirely gone. The bowels had not been opened for nearly two weeks, which accounts for the condition of the stomach and appetite. Medicines given by the mouth were immediately rejected by the

stomach, when stimulating enemata were resorted to, but without effect, and she died on the third day. The autopsy was made by M. E. Thrasher, one of my pupils. The main tumor was bounded by the abdominal walls, to which it was firmly attached in front, covering in behind the small intestines, the cœcum, and ascending colon, and being attached to the transverse and descending colon by its superior and left lateral border, the sigmoid flexure and rectum not being implicated in the mass. The omentum had entirely disappeared. The main tumor was the left ovary enlarged, having for a base a multilocular mass, about the size of a quart bowl ; from this base projecting upwards were three lobes each about the size of the multilocular mass, the different compartments of which communicated by means of two small round openings, about an inch and a half in diameter. Each of these compartments contained about a quart of thick lardaceous matter, thoroughly mixed with hair—similar to the mixture of hair in mortar used for plastering. This hair is perfectly developed, with a follicle and sebaceous gland, and grew from the inner surface of the parietes of the tumors. Projecting into one of these compartments from the multilocular base were two processes, containing bony masses irregularly studded with teeth—twenty-six in all —with four or five papillæ, as though in preparation for further developments. There was every variety of tooth found in the under jaw. There were also three very irregularly shaped pieces of bone, and one regular cartilage an inch and three-fourths long, resembling a small humerus. The cells of the multilocular base contained a thick viscid fluid peculiar to such tumors. The three main lobes in their course of development, enclosed a knuckle of the ileum between their outer walls, and so firmly was this embedded in the interspace between the lobes that air could not be blown through after the mass was removed. This knuckle was four or five inches only from the ileo-cœcal valve, and was the immediate cause of death. The left ovary contained half a pint of the thick lardaceous matter mixed with hair. There was an immense number of small tumors in the areolar tissue around this mass, and also in the vicinity of the liver, varying in size from a small shot to a hen's egg. Those in the vicinity of the large mass contained the same materials, and one having no connection except by areolar tissue was lined by a crustaceous deposit, and the hair can be seen growing from its inner surface.

133 FOURTH AVENUE.

On Physiological Glycosuria of Lying-in women, Nurses, and some Pregnant Women. By H. Blot, M.D., etc. Read before the Academy of Sciences, Paris. Translated from the *Gaz. Hebd.*, for the Monthly, by J. H. D.

The presence of sugar in the urine has heretofore been considered as a pathognomonic sign of one of the most serious of diseases—*diabetes*. The numerous investigations I have made will hereafter deprive the sign of a part of its diagnostic value. In fact, these experiments clearly show that sugar exists normally in the urine of all lying-in women, nurses, and of some pregnant women.

To give additional value to these results, I will state that I have been assisted in the chemical portion by M. Reveil, and have frequently consulted M. Berthelot, whose splendid experiments in organic chemistry are well known. Most of the facts, included in this memoir, have been submitted to a large number of physicians, especially to M. Rayer and M. C. Bernard.

In order to prove the presence of sugar in the urine, I have employed every means usually resorted to, to discover sugar in a liquid. They were used as follows:

First.—The urine to be examined was tested by the cupreo-potassic liquor. I have always used that of Fehling, and to avoid all error, the urine was previously purified by the acetate of lead, then by sulphuric acid, to remove every other principle than that of sugar, which might reduce the reägent. In the last half of my investigations this mode of purification was replaced by another more simple and more expeditious, and one often employed by M. C. Bernard in his experiments upon glycosuria, that by filtration through animal charcoal.

As a second reägent I have used the caustic alkaline solutions of potassa and lime, which give with urine decolored by charcoal a beautiful brown color.

As a third means, and one of verification principally, I have employed the fermentation by the yeast of beer, always taking the precaution of making the comparative experiment of the yeast employed either with urine having no sugar or with distilled water, in equal quantities and placed in the same conditions. From the one I have uniformly obtained alcohol, from the other carbonic acid. I have also made use of negative proof, by ascertaining that the remaining liquid did not reduce the cupreo-potassic liquid. Fermentation at a mean temperature of 30° to 35°, required from twelve to twenty-four hours.

Finally, after having concentrated and perfectly discolored the urine under examination, I have found,—for which I am indebted to M. Berthelot—that this urine deviated polarized light to the right.

The important fact which I desire to establish, that is, the existence in the normal or physiological state, of sugar in the urine of *all* lying-in women, *all* nurses, and *some* pregnant women, can therefore no longer be doubted, as the urine presents the four properties which belong only to sugar, namely:

1. Of reducing the cupreo-potassic liquid.
2. Of browning the caustic alkaline solutions of potassa and lime.
3. Of giving by fermentation alcohol and carbonic acid.
4. Of deviating polarized light to the right.

Under what conditions does this physiological glycosuria exist?

In all lying-in women (45 times in 45) it commenced with lacteal secretion. In many women it appears only at this period, in a few it is formed before; but most usually the sugar is very slight in quantity.

While the lacteal secretion continues, sugar continues to pass in the urine, with daily variations still unexplained. When the lacteal secretion is abundant, the proportion of sugar is generally large, and if it be slight, the amount of sugar is small. The examination of the urine then might serve in some respects as a means of judging of the value of a nurse. If the lacteal secretion is diminished, or ceases from any cause whatever, particularly from the development of a morbid condition, the sugar diminishes or completely disappears. If the morbid condition is replaced by health, and the lacteal secretion becomes reëstablished, sugar reäppears. Finally, urine will continue to contain sugar as long as the lacteal secretion persists. I have found very marked proportions in a woman who nursed for twenty-two months (8 grammes in 100 grammes of urine). It is unnecessary for me to add, that all these women, pregnant, lying-in, or nursing, presented no symptoms of diabetes. On the contrary, their urine was generally richer in sugar, according as their health was good, and more nearly approached the normal or physiological state.

When lactation ceases, sugar disappears from the urine, at different periods in different individuals; quicker in those who do not nurse, more slowly in those who after having nursed cease to do so. In the latter especially, the disappearance of sugar presents a few alternations. I have found some one day, and have been unable to detect any the next, while the day after I have again discovered it. But

tions. I have found some one day, and have been unable to detect any the next, while the day after I have again discovered it. But the diminution of sugar in very small proportions is constant from the moment that the mammary tumefaction consequent upon weaning ceases.

From what I have stated, it seems to me impossible not to admit that this physiological glycosuria is in relation with the lacteal secretion.

I have said above that the quantity of sugar varies in different subjects and at different periods of lactation. I shall add, that it is usually much less than in diabetes. The quantity that I have been able to detect has varied from 1 to 2 grammes up to 12 grammes in 1000 grammes of urine. I will only remark in this connection, that this quantity was present in the urine passed in the morning, that is to say, in that which perhaps contains the least sugar. However that may be, it is now shown that *the urine of all lying-in women, of all nurses, and of some pregnant women, contains sugar normally.* In the latter class, sugar was formed in about half of those examined. I believe, yet do not state it positively, that this peculiarity is met especially when the sympathetic phenomena of pregnancy in the mammellæ are well marked, and is absent on the contrary, when the mamellæ are indifferent, so to speak, to the changes taking place in the uterus.

This physiological glycosuria being present in the human female, it was very naturally presumed, that it also existed under the same circumstances in the female of the different species of mammiferous animals. I am now occupied with the examination of the urine of animals, and can already report that this phenomenon is found in the cow.

Conclusions. 1. There exists a physiological glycosuria in all lying-in women, in all nurses, and in about *one-half* of all pregnant women.

2. This interesting fact is shown:—

a. By the reduction of the cupreo-potassic liquor.

b. By the brown coloration of the caustic alkaline solutions of potassa and lime.

c. By fermentation, which gives by one process alcohol, by another carbonic acid.

d. By the deviation of light to the right from the plane of polarization.

3. This new function is evidently allied to the lacteal secretion. It diminishes greatly in quantity and even most frequently ceases alto-

gether, the moment that a morbid condition arises. It reäppears with the return of health and the reëstablishment of lactation.

4. Physiological glycosuria exists not only in women, but in the cow.

On Ovarian Cysts. Remarks before the French Academy, by Prof. CRUVELHEIR. Translated from the *Gaz. Hebd.*, for the MONTHLY, by J. H. D.

An encysted dropsy of the ovary, in general terms, is an accidental cystic production, susceptible of an indefinite increase, free upon all sides like the ovary from which it is formed, attached to the body only by a vascular pedicle, itself furnished with a vascular system of new formation; living an existence proper to itself, limited to exhalation, absorption, and nutrition—a parasitic life, independent of general life.

The life of ovarian cysts is parasitic to such a degree, that they most obstinately resist all medication directed against them through the grand passages of elimination of the economy. Cholera, and the most powerful drastic cathartics produce no effect upon ovarian dropsies. There is, therefore, no medical treatment, as M. Trousseau says, against a lesion quite independent of the general economy.

But ovarian cysts do not present always identically the same anatomical condition. The treatment, which should always be surgical, is governed in great measure by the differences in the quality of the liquid contents of the cysts, the disposition of their walls, and their structure.

As regards their contents, cysts may be divided into *serous*, containing a limpid and diversely colored serosity; into *albuminous* cysts, the liquid contents of which resemble the white of an egg; and into *gelatiniform* cysts, the liquid of which is like jelly; a very important distinction in a therapeutical point of view, and which is not always easy to establish *a priori* by the character of the fluctuation.

Cysts, according to their disposition, can be divided into four kinds: *unilocular; multilocular; areolar or vesicular;* and *compound.* The last result from the association of a unilocular with a multilocular cyst, or of the association of one or the other of these cysts with the areolar or vesicular kind. Those cysts which have a fibrous body of the ovary for a support can also be called compound.

As to their structure, ovarian cysts, especially the unilocular, are composed of a fibro-serous sac, completely enveloped by the peritoneum, to which it adheres so closely, that it cannot be separated from it without tearing away a fibrous layer. The internal surface, ordinarily smooth, looks like a serous membrane; it not unusually is seen rough, covered with papillæ, with dense cuticular warty vegetations as hard as corneous tissue. Sometimes cartilaginous or osseous plates are incrusted in the cyst walls. I have always been able to separate these walls into two superimposed layers, between which large veins ordinarily circulate. A variety of unilocular cysts consists of partitioned unilocular cysts, the compartments of which readily communicate.

Among the compound unilocular cysts I will indicate the vegetating cysts, whose internal face offers mammelonated projections, sometimes very voluminous, composed of areolar tissue. When these vegetations have a certain volume, they can generally be recognized before tapping.

The liquid contained in the simple or partitioned unilocular cysts, is most ordinarily serous, but at other times it is stringy, viscid, like the white of an egg, so much so that its evacuation can only take place by means of a very large canula, and in certain cases is even impossible.

The structure of the areolar cyst is curious. The ovary is transformed into an areolar mass with communicating meshes, filled with an albuminous matter, sometimes stringy like the white of an egg, sometimes presenting the consistence of honey, at other times the appearance of a jelly. These qualities explain why the liquid runs out only partially, or not at all, through the puncture in the cyst. Upon the cadaver even, it is only by means of direct pressure in the region of the incisions, that a certain quantity can be obtained.

The liquid of the multilocular cysts is often serous; but it has seemed to me that it oftener presented the viscid character, than that of the unilocular variety.

The multilocular cysts conduct by insensible degrees to the vesicular cysts, which I regard as a variety of the areolar cysts.

The practical sequences of these anatomical facts are as follows:—

The first is that there are two orders of cysts; the one marked by the seal of incurability; the other curable.

The kinds absolutely incurable are:—1. Areolar cysts, the incurability of which does not depend upon their nature, which is not

at all cancerous (although the variety of cysts with very close meshes greatly resembles the areolar or gelatiniform cancer) ; but this incurability is due to the viscidity, to the non-fluidity of the albuminous or gelatiniform matter which fills their areolæ. 2d. The vesicular cysts, also filled with viscid liquid.

In these cases, there is no palliative treatment : tapping produces nothing or almost nothing. There is no curative treatment, for there is only one means of cure,—extirpation, and I do not think that that hazardous operation should be cited in science. Success does not always justify rash undertakings.

3. The multilocular cysts, with very numerous and non-communicating sacs, with contents almost always albuminous, are also incurable.

The only kind susceptible at the same time of a palliative and of a curative treatment, are the unilocular, which fortunately are the most common.

The therapeutical problem of dropsies of the ovary should be enunciated in the following terms : Are unilocular cysts susceptible of a curative treatment, and what is that treatment?

The rule which I have heretofore followed, which was taught me by my masters, is, to put off as long as possible the first tapping ; for one puncture soon necessitates another, and they succeed each other with a rapidity increasing with the frequency of the repetitions, the patients finally become exhausted and die. This postponement of the first puncture was an invariable rule, the more so as this operation is far from being always harmless ; besides, some unilocular cysts may remain stationary, while there are some which retrograde or even are cured by a kind of absorption. I add that there are cysts which may be called *flaccid*, because they offer the softness of a sac incompletely filled ; they are compatible with long life. I have seen one at La Salpêtrière which was thirty years old. The venerable Lallemand constantly refused to operate upon it.

Until recently art offered to those women affected with ovarian cysts only the palliative treatment.

Cure was the exception. It took place when a spontaneous inflammation, or an inflammation provoked by tapping, extended to the tumor. Where is the practitioner who has not lamented this insufficiency of the art in presence of a lesion, which is not incurable on account of its nature, which is developed in youth as well as in adult age and in old age, and is always a very great infirmity?

I attended a young girl seventeen years old, otherwise in excellent

health, for a flaccid cyst of the ovary. This year even, I have been consulted by two young persons, one nineteen years old, the other twenty-one: one has a unilocular cyst: the other appears to me multilocular; both albuminous.

The time has arrived to decide if the curative treatment is admitted by art, and what is this treatment?

With M. Trousseau, I have heretofore recoiled before all attempts at radical cure. A difficult operation for a serious disease, is one thing, quite a different thing is a serious operation performed for a lesion which is compatible with long life. I have never yet advised a female to submit to the curative treatment. But a sufficient number of facts have been collected to modify my views upon this subject. The authority of M. Jobert, who has injected iodine thirty times into ovarian cysts without accident, has strengthened my conviction upon the harmlessness usually attending these injections.

Before the sitting of the Academy, M. Nelaton told me he had also used the iodine injection ten or twelve times for ovarian cysts. He has had four cures, but of cysts, whose contents were purely serous. The six or eight other cysts which contained an albuminous liquid, have resisted injections of all kinds.

The curative treatment should then hereafter enter into practice. But what are its conditions? What are its limits? There lies the question.

The unilocular cysts, the multilocular cysts with communicating cells, and the multilocular cysts with non-communicating cells, in which there is a predominance of one, two, or three sacs, are the only ones which allow of a curative treatment. A great obstacle to all curative methods is the morbid structure of the walls of the cyst, the facility with which the inflammation of the serous, or accidental fibro-serous tissue terminates in suppuration or even in gangrene. In dropsies of serous membranes, in hydrocele, for example, the serous membrane tends essentially to adhesion. In dropsy of the ovary, we have an accidental fibrous tissue to act upon, which has so feeble a vitality, that it can hardly suffer the process of inflammation. The following facts will never escape my memory. In 1831, a young woman twenty-six years old, a mother of three children, consulted me for an enormous cyst of the ovary; otherwise she had excellent health and a strong constitution. I detected an unilocular serous cyst. The advice of M. Recamier, that of M. Jadioux, and my own was to defer the operation of tapping as long as possible. But soon the condition of the patient was

aggravated, it was necessary to decide. Twelve hours after the operation, which presented nothing particular, and which gave a perfectly limpid serous fluid, there was a severe chill, excessive abdominal pains, dejection of countenance, miserable pulse, a cold sweat, cyanosis, and death in forty-eight hours. At the autopsy, in place of a subacute peritonitis, diagnosticated by my *confreres* as well as myself, we found a gangrenous inflammation of the walls of the cyst. The peritoneum was intact.

In another case, an English lady forty-five years old, I had diagnosticated an unilocular albuminous cyst, and anticipating a great viscidity of the liquid, I had deferred the operation of tapping as long as possible. As in the preceding case, it became indispensable. M. Pinel-Grandchamp performed it in my presence. The liquid had a little more consistence than the white of an egg, and only ran out slowly and in a dribbling manner. Scarcely two litres were obtained in half an hour, when M. Pinel thought by injecting warm water he might dilute the fluid, and thus hasten its discharge. The albuminous fluid did not flow any faster nor slower than previous to the injection. Several hours passed before the tumor was reduced a third or a quarter of its volume. Our *confrere* thought it better to desist at this point. The next morning, there was a severe chill, dejection of countenance, cold sweat, excessive abdominal pains, and death in forty-eight hours. It is impossible to say what effect the injection of warm water had upon the sad result of this disease. I am disposed to believe that it was not altogether foreign to it.

In a third case, in a woman twenty-five years old, who had never had any children, the operation becoming indispensable, the idea suggested itself of trying the radical cure by leaving the canula of the trocar in the opening ; but at the end of three hours, the patient complaining of a severe pain in the abdomen I withdrew the canula. The symptoms of peritonitis, or rather those of inflammation of an ovarian cyst extremely intense, were not long in appearing, and the patient died the fourth day. An autopsy was denied.

The simple operation of tapping an ovarian cyst is not then, a slight affair, as the statistical tables presented by M. Trousseau show.

What a contrast between these statistics and the affirmations of him among our young *confreres* who has attached his name to the treatment of ovarian cysts by iodine injections! Tapping, or successive tapping, followed by iodine injections, properly practiced, says he, do not present the least danger, whether the cysts be simple or complicated.

So great confidence, even in relation to complicated cysts, is far from encouraging me, unless we admit that iodine injections, instead of adding to the seriousness of the operation, have the wonderful property of neutralizing its effects.

Still, death as a consequent of simple tapping is the exception. The three disasters I have cited are the only ones I have seen in my practice. In the great majority of cases, tapping is very well borne. It seems, even, that tolerance of the operation increases with the frequency of the operation. I will add that the consecutive cystic inflammation has often been efficaciously combated, and even that there are examples of definitive cure, where the inflammation of the cyst, provoked by the operation, has terminated by adhesion.

The radical cure is not an absolute necessity. It is doubtful if it will be accepted for a long time by practitioners, unless a way is found of retaining the inflammation induced, within the bounds of adhesive inflammation.

M. Briquet has frequently injected, or caused ovarian cysts to be injected with iodine. Several times he has allowed the canula to remain, and almost always, especially in the case where the canula has been retained, the suppuration of the cyst has destroyed his hopes.

The following are the conditions in which the radical cure appears to me susceptible of being adopted. 1. I would try it only in serous unilocular cysts. I distrust the albuminous cyst, not only on account of the quality of the liquid, but on account of the organization of the cyst, which seems to me more morbid than that of serous cysts. 2. I should take into account the age of the patient, her constitution, her social position, the wishes of the family, to whom the whole truth, and the chances of a very simple operation which, nevertheless, greatly exposes the life of the patient, should be told.

Should the proper time for the radical cure be deferred as long as possible from the first appearance of the cyst? Is it better to wait until the tumor has acquired a large size?

Doubtless, theoretically, there would be an advantage in operating while the cyst is small, for then the inflammation would occupy a smaller surface. But, practically speaking, who would dare to propose an operation which might cause death in a few days, — in twenty-four hours,—to a young person—a young woman—having every appearance of health, for a local lesion which as yet causes neither trouble nor pain, which interferes with no function,—not

even menstruation,—for an inoffensive cyst, which may remain stationary? The proper time for resorting to the curative treatment of ovarian cysts is that when the palliative treatment has become necessary on account of the large size of the cyst, and the disturbance it produces in all the functions.

The two methods to choose from (tapping with iodine injection, or by allowing the canula to remain in the opening) have the same end—adhesive inflammation of the walls of the cyst. The danger to fear is the excessive inflammation of the cyst, or of the peritoneum.

I believe that almost always the accidents due to the inflammation of the cyst are referred to the peritoneum, and that peritonitis resulting from tapping, is infinitely rarer than it is generally said to be.

Gangrene of the cyst is rare. The great danger—the ordinary danger—is suppurative inflammation, which ends by cure only in extraordinary cases.

The choice of the fluid to be injected is of great consequence. In the present state of science, I know of no liquid better calculated to induce adhesive inflammation than the alcoholic tincture of iodine. The iodine preparations are, in addition, the most powerful antiseptics.

The observations of M. Boinet establish the fact that sometimes one single operation, followed by an injection, has effected a cure; that other times it has been necessary to repeat it, which is inconvenient. But it is not impossible that there may have been some haste in repeating the operation, when a little longer time would have been sufficient for the spontaneous absorption of the fluid. If the operation requires to be frequently repeated, I should prefer the treatment by permitting the canula to remain, unless it is evident that the presence of the canula would favor suppurative inflammation; in such an event, the ingenious proceeding of M. Barth should be seriously considered.

Conclusions.—1. Encysted dropsies are purely local affections, which only allow of a surgical treatment. It is doubtful whether any medical treatment whatever can exercise the least influence upon their progress.

2. There are dropsies of the ovary which are absolutely incurable, and which allow of neither curative nor palliative treatment; these are the areolar, the vesicular cysts, and the multilocular cysts, with numerous and non-communicating cells.

3. There are, upon the contrary, ovarian dropsies, which are susceptible of a palliative, and even of a curative treatment; such are the serous unilocular cysts, the albuminous unilocular cysts, whose contents can be evacuated by tapping, and the multilocular cysts with communicating cells.

4. The compound cysts, in part unilocular, in part areolar or vesicular or multilocular, are only susceptible of a palliative treatment.

5. The object of the palliative treatment is the pure and simple evacuation of the contents of the cyst by tapping. The object of the curative treatment is to determine the contraction and adhesive inflammation of the cyst walls.

6. Tapping, even with a large trocar, being insufficient for evacuating the contents of the cysts, when it is gelatiniform or exceedingly viscid, the incision of Ledran should be substituted with the necessary precautions for preventing the effusion of the fluid into the cavity of the peritoneum.

7 In place of the absolute proscription of all trial of the radical cure of ovarian cysts, established as a rule until lately, should be substituted the serious consideration of the curative means proposed and put in practice.

8 In the present state of science, the curative treatment of ovarian dropsies should be attempted only with great prudence, even under the most favorable conditions.

9. The great danger in the curative, as well as in the palliative treatment, is purulent or gangrenous inflammation of the cyst. The choice of the method to be employed should be influenced by this indication.

10. The proper time for the application of the curative treatment, is when the volume of the cyst commences to interfere with the exercise of the functions.

Hepatitis in the Tropics. Opening of an Hepatic Abscess into the Pericardium. By G. Van Archen, M.D., Merida, Venezuela, South America. [Read before the N. Y. Medico-Chirurgical Society.]

Hepatitis is without doubt the most common disease in the tropics. The elevated temperature acts as a direct stimulus to the liver and predisposes it to inflammatory action. The lungs are unable to throw off the excess of carbon from the system, and the liver is called into increased action for the purpose of assisting the lungs. Hepatitis in

this country,—480 miles north of the Equator—is hardly ever fatal in the acute form; but the disease which annually carries off at least half the number of those that die, is chronic hepatitis, which either proceeds to induration or suppuration, forming enormous abscesses.

About two years ago, I was present at a post-mortem examination when an abscess was found in the liver, containing 3 pounds 7 ounces of reddish pus. The patient died apparently of acute dysentery, and his attending physician never suspected that his patient had a liver complaint. It is astonishing how many people suffer from a nodulated state of the liver, from two to eight different indurations being distinctly felt.

The diagnosis, in cases where an abscess has formed is generally very easy. Percussion establishes the presence of a cavity beyond a doubt, and the stethoscope,—first causing the patient to make a deep inspiration and then to cough suddenly, will convey to the experienced ear the same sound that is heard in excavations of the lungs upon the patient's coughing.

It is almost incredible, the many disguises under which chronic hepatitis shows itself, as if it was trying to avoid the scrutinizing eye of the physician. Some time ago I made what the people called a most miraculous cure of a chronic metritis of four years standing, attended with very abundant vaginal discharges. I knew that all common remedies and local astringents had been used without success, and making a careful examination I found the right hypochrondrium somewhat tender to the touch. Upon this I applied a large mercurial plaster to that region, and ordered every other night for three weeks in succession 3 grains each of blue pill and rhubarb, to be followed the next morning by two seidlitz powders. Very abundant green and blackish stools followed, but no salivation, and at the end of three weeks all the symptoms of metritis had disappeared.

What had caused this obstinate metritis. It was doubtless owing to the diminished excretory action of the liver, and the consequent retention of bile therein, impeding the circulation in the vena portæ. But the most extraordinary case of disease of the liver came to my notice a short time ago.

A lawyer, 28 years old, of a very healthy and taintless constitution, was attacked after a "bachelor's supper," with what his physician called a bilious fever. At the end of two weeks he was able to go about, but still suffered occasionally from either indigestion or slight diarrhœa, evidently of a bilious character. He then travelled for about four months, but returned worse than when he left. One

physician after another was consulted, but none relieved him, when, his relations becoming alarmed, a consultation was called. The most ridiculous opinions were brought forward by native practitioners, one believing it to be *all stomach*, and another asserting boldly that it was a cancer of the liver. After a careful examination I came to the conclusion that it was an abscess situated in the upper and concave part of the liver. No other symptom of disease could be discovered; the lungs and heart appeared sound, the tongue was clean, no difficulty in respiration, the pulse 90 in a minute and almost natural. My opinion was accepted by one of the physicians present, but being in the minority, we had to retire.

There being no improvement under the new treatment, I was again called, as well as the physician with whom I had agreed. We determined upon giving two drastic purges composed of blue pill, extract of colocynth and croton oil, with the object of assisting nature if she had already formed adhesions for the purpose of evacuating the fluid. The first purge produced only two or three natural stools; but the second brought away without any pain whatever, at first a liquid looking very much like water, with a few drops of fatty matter floating on the top of it, and afterwards in repeated stools from to 5 pounds of pure pus. This happened in the night, and the next day we saw the patient at ten o'clock, being somewhat behind our usual time. Of course we were delighted with our success, and the patient said he felt like a new man, and was hungry enough to eat half a dozen roast chickens. We allowed him two ounces of roast meat, one of toasted bread, and half a cup of chocolate. After having breakfasted he asked for a small paper cigar, smoked it with apparent delight, spoke with his friends about his plantation, and at midday, complaining of being sleepy, laid down for a nap. At four o'clock we called again, and found the whole family in the greatest consternation. A short time previous some friends had called in, and one of them wishing to ascertain if he was asleep, drew back the curtains and found him dead.

What was the cause of this sudden death? At the autopsy we found the intestines, commencing from below, without a trace of inflammation. The spleen was healthy, but about one inch from the pylorus, the duodenum was firmly adherent to the liver, and in this there was an opening large enough to admit a good sized finger, through which the pus had escaped. There was no sign of active inflammation about the opening, and the liver, which had a cavity in it large enough to contain the head of a full grown fœtus, appeared all

around it perfectly healthy. The gall-bladder contained healthy bile.

What was it then that so suddenly carried off the patient? The liver adhered firmly to the diaphragm, and this again to the pericardium, and through this adhesion there was a tortuous channel of the size of a goose quill through which a part of the pus had entered the *pericardium*, while a clot of half organized blood had cut off the communication by being firmly wedged in the channel. The lungs were sound, and so was the subtance of the heart, but in the cavity of the pericardium was found about two ounces of pus, adhering to the pericardium, and of the consistence of fresh cheese. The pericardium was very much inflamed, altered in structure, and covered with exudation, but no adhesions had taken place between the two layers of it.

I would willingly admit, with Dr. William Stokes of Dublin, that this was a case of Pneumo-Pericarditis, as he calls a case in some respects similar to this, mentioned in his excellent work on Diseases of the Heart and Aorta, in which case he supposes the air to have entered from the stomach and through the abscess. But the clot in the channel does not admit of such a supposition; besides, the opening in the pericardium was no doubt several weeks old, while the one in the duodenum occurred only one day before his death.

How then can we explain this sudden death? The inflammation of the pericardium and the pus adhering to it, produced a sudden paralysis of the heart, in consequence of which a pseudo, or real apoplexy resulted, and instantaneous death followed. The vessels of the brain were found highly congested. I have never heard of a case of traumatic pericarditis being so insidious in its course that neither by percussion nor auscultation could the presence of a fluid in the pericardium be detected.

I desire by means of this article to put physicians about to visit the Tropics upon their guard, against this "Chameleon," called Chronic Hepatitis. Upon the authority of several years practice in the tropics, I can assure them that by regulating and reëstablishing the functions of the liver, they can cure four-fifths of the diseases incident to this climate.

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"Nullius addictus jurare in verba magistri."

Clinical Lectures on Surgery. By M. Nelaton. From notes taken by Walter F. Atlee, M.D. Philadelphia: J. B. Lippincott & Co. 8vo. pp. 755.

Within the last few years medical books have multiplied with surprising rapidity. These issues from the medical press, have often been of commanding worth, and occasionally of but little practical utility. This rapid multiplication of books, and this diversity of merit, alike give evidence that ours is a reading profession, the members composing which make use of every means and all the literature at their command for their individual advancement. Works upon general principles and special therapeutics; systematic works and works without system, have been published and read with more or less of interest and profit. There is, perhaps, no uniform standard, by which the merit and usefulness of any new issue from the medical press can be adjudged. Velpeau's Operative Surgery and Liston's Lectures on Surgery, have been prepared with dissimilar designs, and cannot be judged by the same standard of merit. Churchill's work on Diseases of Females, and Meig's Letters, and Bedford's Clinical Lectures upon the same subject, present a wider contrast; yet each volume has its respective merits, and its field of usefulness.

The volume before us, as its title indicates, is not a systematic work on surgery; yet, on that account, is no less replete with interest. It is an attempt, by Dr. Atlee, to reproduce the clinical instruction of that eminent surgeon, M. Nelaton, as given in the Clinical Hospital of the Faculty of Medicine, of Paris, during the three years of Dr. Atlee's stay in that city. This volume has been a little more than a year before the profession, and was very briefly noticed in the January number of this journal, for last year; but a new volume, kindly sent us by the enterprising publishers, has induced us to give a fuller analysis of the contents of this very instructive work.

Chapter *first* is devoted to *burns, contusions,* and such unclassifiable cases, as malignant pustule, farcy, glanders, &c., to which is prefixed a few remarks upon inflammation. It is the doctrine of many pathologists, that the heat of inflammation is dependent on the increased flow of blood to and through the part. To this M. Nelaton dissents, and adduces in disproof the fact that when a part is gorged with blood, from the application of a ligature, its temperature is

diminished instead of being increased. "The increase of heat in inflammation," he says, "is certainly owing also to modifications in the phenomena of nutrition, under the influence of the great sympathetic nerve." There is, doubtless, some connection between colorification and vascularization, but M. Bernard has shown that, after the section of the sympathetic nerve, there is increased heat in the part to which it is distributed, notwithstanding the blood-vessels supplying the same part have been ligated.

In disorganization of the whole skin, to the cellular tissue, from burns, M. Nelaton advises that the part affected be so placed, that the cicatrix may form as large as possible. This procedure, though it might somewhat prolong the healing process, in some instances might avoid the necessity for an operation to remove the deformity resulting from the cicatrization of burns, which deformities are always difficult of cure.

M. Nelaton advises that an anthrax be not surgically interfered with, as incisions lengthen instead of shorten the healing process. This, is seems to us, is not always judicious advice, as timely incisions often prevent the diffusion of the phlegmonous inflammation. M. Nelaton's success, in cases of tracheotomy in croup, is by no means encouraging; as in twenty-five cases, all but one died. This want of success is probably, in some measure, owing to the unpromising class of cases that come into a French hospital. It certainly compares unfavorably with the result of other French surgeons, who report success in about one-fifth of all the cases.

Chapter *second* is devoted to affections of the blood-vessels. We pass over this chapter, simply remarking that after reviewing the various plans for the cure of varix, proposed by different surgeons, M. Nelaton rightly concludes that, at the present time, there is but one method of treating varix, and that by palliatives.

Chapter *third* is devoted to cancer, and though short, is exceedingly interesting. M. Nelaton truly says, "by far the most important point in the doctrine of cancerous diseases, as well in practice as in science, is that relating to the local or general nature of cancer, and of the tumors confounded with it." He adopts the only scientific distinction—the microscopic—between cancerous and other tumors. We find in the former a deposition, or substitution of a new element, and in the latter, only an exaggeration or hypertrophy of the normal structure. "The facts that the practice of surgery will draw from the just appreciation of this point of view, are immediate. They save some patients from useless operations, and will encourage the

performance of others with boldness and with perseverance, in cases in which a less profound knowledge would, perhaps, have caused them to be rejected, to the great injury of the patient." (p. 91.)

Chapter *fourth* is devoted to fatty and syphilitic tumors, and affections of bursæ mucosæ. We pass this chapter, remarking only that M. Nelaton has no confidence in local resolvents, except alcohol, which he thinks might also be found of service in erysipelas.

Chapter *fifth* is devoted to abscesses, and concludes with a few appropriate remarks on purulent infection. This is a very instructive chapter, containing cases of abscess in nearly every part of the system, with the treatment adopted by M. Nelaton, and the results succeeding the same. Suffice it to say, that he injects most cases of abscess with tincture of iodine.

Chapter *sixth* is devoted to fractures, and concludes with a few remarks on the formation of callous and bone. This is one of the most interesting chapters in the book. In fracture of the clavicle, the apparatus advised is that of Mayor, which consists of a handkerchief folded diagonally. No wedge-shaped cushion is made use of; the fracture is reduced, the elbow then carried towards the body, and directed forward, the forearm half-flexed on the arm; "the base of the triangle (formed by the folded handkerchief) is then applied a few inches above the elbow, and tied behind; the two angles, forming the summit of the triangle, are then hanging before the forearm and the abdomen; these two angles are passed between the forearm and the body, and drawn up; two pieces of bandage are then attached to the two angles, and they are passed, one over the sound shoulder, the other over the fractured clavicle; sufficient traction is then made on the two angles to sustain and raise up the limb, and the pieces of bandage are fastened to the posterior part of the girdle formed by the handkerchief." (p. 157.) In treating fractures of the lower end of the radius, M. Nelaton applies four compresses and three splints, one dorsal, one palmar, and one ulnar, none of them reaching as far as the fingers. This is a fracture from which there need result but little or no deformity, and yet deformities succeeding are excessively common. In this fracture we certainly prefer the plan of dressing, perhaps first proposed by Dupuytren, in which the hand is firmly flexed towards the ulna and fixed in that position. The modification of this dressing, proposed and described by Dr. H. Bond, and published in the transactions of the Philadelphia College of Physicians, October 1851, is probably as well calculated to obviate deformity as any now in practice. As a means of diagnosis between a

sprain of the ankle and fracture of the lower end of the fibula, M. Nelaton regards *ballottement* as of the first importance. "In order to detect it," he says, "the heel must be grasped as near to the articulation as possible, and then, if the muscles be relaxed, there will be ballottement." In the rupture of callus, in order to rectify remediable deformities, he concludes it may be attempted six months or a year after the fracture, and wisely prefers immediate to gradual rupture.

Chapter *seventh* is devoted to Luxations and Paralytic Affections succeeding injuries and structural changes or transformations. We had expected to find here a chapter of much interest, but was disappointed. But three cases of luxation came to the wards of M. Nelaton in as many years. M. Nelaton does not believe in the *transformation* of tissue under any circumstances. He is probably correct. In the so-called transformations, there is probably a disappearance, "molecule by molecule, of one anatomical element, with its replacement by another." (p. 210.) Also, of bone, he says:—"Many authors, who desire to regard a morbid production in a tissue as a return of that tissue to its fœtal state, have maintained that cartilaginous tumors were owing to a transformation of bone into cartilage. But bone never does this; when once formed, it remains as such; it may be absorbed and replaced by another tissue which is *substituted* for it, but its tissue is always the same." (p. 296.)

Chapter *eighth* is devoted to Affections of the Articulations, and is exceedingly interesting and instructive.

In Chapter *ninth* are considered Pott's Disease, Necrosis, and Exostosis. M. Nelaton divides Pott's disease of the vertebral column into two orders; the first without, the other with a sequestrum. In the former case, the tuberculous matter is contained in a cavity, or in cavities, hollowed out of the osseous tissue; in the latter, it is infiltrated in the spongy portion of the bone affected. In regard to prognosis he says, "now compare these two cases; in one, the walls of the cavity can come in contact, and cure can result; in the other, there is a sequestrum. In an abscess in the first, you make an injection in a cavity disposed to heal up; in the other, no earthly power can cure it." (p. 267.) He does not believe in the dissolution or disappearance of necrosed bone, and his experiments justify this disbelief; hence, his opinion is that all injections and all medicaments are powerless in such cases.

As incurvations of the spine always exist where there is a disparity in the length of the legs, M. Nelaton is of opinion that this fact can

be rendered available, in treating spinal incurvations, by lengthening the limb on the side of the spinal convexity.

Chapter *tenth* is devoted to Cartilaginous Tumors and Cancerous Disease of Bones. In cancerous disease, affecting removable bones, M. Nelaton advises an operation, as the patient must soon die without it. But, if we may credit the reporter, they *die sooner with it;* as out of all the cases operated upon by amputation, within twelve months, two only recovered from such surgical interference. So uniformly fatal had been the result, that M. Nelaton was forced to ask himself whether morally he ought to undertake such operations in his hospital, and he believed they succeeded no better in any other hospital in Paris. (p. 305.)

The principle advanced by M. Nelaton is doubtless correct, that operations should be undertaken for the removal of the disease under consideration; but most certainly not in Parisian hospitals, as conducted during Dr. Atlee's pupilage in Paris. In American hospitals, and in private practice, the results are much more encouraging. This may seem surprising to those who have considered trans-Atlantic hospitals as models most worthy of imitation, and trans-Atlantic surgeons as perfections of operative skill.

Chapter *eleventh* is devoted to Injuries of the Head. This is certainly one of the most interesting subjects that can engage the attention of the surgeon. We are, however, compelled to confess to a small degree of disappointment in the chapter before us. The subject is disposed of in about *sixteen* pages, while the succeeding chapter, devoted to Affections of the Eye, occupies more than *eighty.* There is one point urged by M. Nelaton, in reference to cranial injuries, the propriety of which is acknowledged by most surgeons, yet which we fear is too often neglected by the country practitioner. He says, "if a depression exists, the fragments must be raised up, or even the trepan applied, *although there be no bad symptoms,* for the surgeon has reason to suppose that fragments driven towards the brain could become the cause of inflammation, which trepanning could prevent." (p. 327.) Many persons have doubtless died from cranial injuries that might have been saved, had not the mildness of symptoms deterred a timely resort to that surgical interference, upon which alone the safety of the patient depended.

In regard to effusions of blood, he says :—"All the operations for the relief of traumatic effusions, practiced in Paris, for more than fifteen years, have, without a single exception, been followed by the death of the patient." (p. 333.) And, in reference to accummulations of pus,

he can offer but little or no additional encouragement." When symptoms of suppuration show themselves, the patient will certainly die, if, by the aid of the trepan, an issue be not given to the pus; but, unhappily, this operation is rarely followed by success." In the one case only in which we have seen this operation performed, and a portion of necrosed bone the size of a silver dollar was removed from the skull by a trephine, aided by mallet and chisel, and a teacup of pus evacuated from within the cranial cavity, yet the patient recovered without an unpleasant symptom.

We have scarce half completed the synopsis of the volume before us, yet we have quite equalled the limit we had contemplated.

The subjects of the remaining twelve chapters, are the following in order named: "Affections of the Eye," "Affections of the Nose," "Affections of the upper and lower Maxillary Bones," "Affections of the Lip, Tongue, &c.," "Ganglionary Tumors of the Neck,—General Hypertrophy of the Lymphatics," "Affections of the Mammary Gland," "Tumors in the Abdomen," "Affections of the Anus, Rectum, and Intestines," "Affections of the Genital Organs of the Male," "Affections of the Bladder," "Affections of the Genital Organs of the Female," and "Affections of the Foot."

From the foregoing list of subjects, embraced in the volume before us, a tolerable idea can be formed of its scope and design. The volume contains some cases that are trivial and incomplete; yet, as a whole, it is a very readable book, highly interesting, and embodies the clinical observations of one of the most eminent of Parisian surgeons. As M. Nelaton is eminently clear in his diagnosis, and judicious in his practical teachings, the work is worthy a place in every medical library.

To those who are acquainted with the issues of the press of Lippincott & Co., it would be superfluous to say that the mechanical execution of the book is unexceptionable. O. C. G.

A Manual of Clinical Medicine and Physical Diagnosis. By T. H. TANNER, M.D. Philadelphia: Blanchard & Lea, pp. 252.

This little book has too long escaped that notice from us, to which its merits entitle it. It is not of a character to be reviewed but it is well adapted to be useful. Perhaps we shall give our readers a good notion of its scope if we epitomize its contents. The first chapter is on the clinical study of disease, including such topics as the examination of a patient, mode of taking notes of a case, of

making post-mortem examinations, the examination of persons for life assurance, confessions and dying declarations and medical evidence. The second chapter is on the instruments employed in the diagnosis of disease as the microscope, the spirometer, the dynamometer, the stethoscope, the ophthalmoscope, and the varieties of the speculum. The third chapter is of the nature, cause, classification, diagnosis, prognosis and termination of disease; the fourth, of the circumstances which modify it; the fifth, of its symptoms and signs classified by the different functions to which they belong; and the sixth, of distinguishing between natural and feigned disease. Chapter seventh, is of the physical diagnosis of disease; chapter eighth, being devoted to general observations on the diagnosis of thoracic disease—diseases of the skin, parasitic diseases and chemical and microscopical examinations making the topics of the last three chapters.

It will be seen that quite sufficient ground is covered for the limits of the book. The whole is of interest, however, and can be read with profit by students and practitioners.

The code of ethics is attached to it, making an addition rather than an improvement. We never see this, which is well enough in its way if it were of any force, without thinking of the criticism once made upon it, by an intelligent and shrewd layman who read it at our request, "a capital arrangement," said he, "to keep all practice in the hands of those who have got it, and to allow beginners a very poor chance of obtaining any."

Practical Anatomy, a new arrangement of the *London Dissector*, with numerous modifications and additions, containing a concise description of the muscles, bloodvessels, nerves, viscera, and ligaments of the human body, as they appear on dissection. With Illustrations. By D. Hayes Agnew, M.D., &c. Philadelphia: J. B. Lippincott & Co., pp. 310.

The title thus given in full, sets out distinctly the character of the book and its purpose. Anatomy is one of the branches of medicine, which exercises vigorously the memory, and a text book which is intended to fill the place at which this aims, must, to be most useful, be concise enough and yet not too much so, full and yet not prolix, and of course accurate. Dr. Agnew seems to have accomplished what he undertook (and that is more than can be said of every writer), and the result is a very good book. Its size is convenient, its typography good, its illustrations not exceedingly elaborate and delicate; but, what is better, distinct and striking, while its descriptions are so far as we have examined them very good. The true test of a dissector is to place it in the hands of students, and to note the difficulties they may meet, and the faults they find, making proper allowance for both. To this test we have not put this book, but are so pleased with it, that we do not hesitate to commend it to teachers and students.

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the MONTHLY by E. LEE JONES, M.D., Secretary.

October 8th. *Dr. C. Finnell* presented two specimens of *disease* of the *heart*—the first one was removed from a laboring man, 45 years of age, of good constitution. As usual he went to work in the morning, from which however he was compelled to desist, on account of a feeling of sickness and faintness—he was carried home by his companions, and died at the expiration of half an hour.

On inspection there is observed a *rupture* of the *right ventricle* near the apex. Surrounding the point of the rupture was a small layer of fat—the weight of the heart was 22 ounces.

The second specimen was obtained from a patient subject to attacks of asthma. *Atheroma*, in abundance, is seen on the coats of the aorta and semilunar valves—in some parts it was calcified.

Dr. Clark inquired if, in the first specimen, the color of the heart differed at the point of rupture from other portions of the organ? Or, if there was observed any paleness of the muscular tissue, or what is named Quain's fatty degeneration, or more properly, granular degeneration? This state occurs in particular points. In a similar instance presented two years ago by him, this was the case.

Dr. Finnell replied in the negative.

Respecting the second specimen, *Dr. Clark* desired to know whether there were any symptoms at any time, resembling Angina Pectoris? Forbes' tabulated cases show the common existence of ossification of the coronary artery.

Dr. Finnell's knowledge of the previous history of the case was very imperfect, and he could not state whether such symptoms were present or not.

Dr. Wood regarded Angina Pectoris as meaning anything accompanied with great pain in the region of the heart.

Dr. Clark considered the pain accompanying this affection, beginning at the præcordial region and extending to the left, and sometimes right shoulder and arm, as usually associated with organic disease of the heart. In an instance, however, occurring in a physician, this was not the case, but seemed to have been induced by repeated violence to the spine. He died from some other cause, and nothing was observed which accounted for the angina pectoris.

The third specimen shown by *Dr. Finnell*, consisted of fragments of *the cranial bones* of a man, murdered on the evening of July 17th, 1856.

The body half naked, was found laying in a corner of the room covered with blood. The sofa, bureau, stove, and other articles of furniture in the room, showed prints of the hands and fingers, indicating a severe struggle between the parties. On examining the body, forty wounds were seen—fifteen on the head, fifteen on the body, the others on the neck and chest. The skull was fractured on the left side, involving the frontal, parietal, temporal, and malar bones. The brain was lacerated and protruded through the broken fragments. The wounds on the head were probably produced by a cheese knife, which was stolen from a saloon in the basement on the evening of the murder,—most of them were about two inches long and extended to the bone. The wounds on the shoulder were of the same character. On the left side of the neck a wound was found six inches long—and the carotid artery and jugular vein completely divided. This was no doubt the last injury received by the murdered man, as it would be immediately fatal. The fingers of the left hand were cut in many places, such as would be produced by grasping at the knife in the hands of his assailant.

From the testimony taken at the Coroner's Inquest, it would appear that Mr. Burke was attacked while in bed, as his night-cap was spotted with blood, that he attempted to get in the small room and there lock himself in, but was disappointed, for his murderer was close after him—a desperate struggle now occurred, in which the knife was probably lost, the smoothing iron now used by the murderer in fracturing the skull, since it was found close to the dead man, and as some signs of life still existed, the knife was again used, producing the fatal wound in the neck.

Dr. Finnell presented a fourth specimen, consisting of a placenta removed three days since from Mrs. B., aged 23; enjoyed good health during her first pregnancy. On the 20th of September, 1856, she was engaged in household affairs, when flooding commenced. Her physician was summoned, who at once placed her in bed, enjoining the utmost quiet. She was at the beginning of the ninth month of pregnancy. The flooding continued at short intervals until Oct. 4th, when it became very profuse, unattended with pain. Her physician suspecting that the placenta was inserted over the mouth of the womb, requested me to see the case with him. She had been bleeding freely for two hours before my seeing her.

On attempting to make a vaginal examination, the os uteri was not to be reached until the hand was passed into the vagina—the dilatation was about the size of a twenty-five cent piece. The placenta covered the internal os about two-thirds of its extent, the finger could be passed in at one point, and the head was presenting. The rigid condition of the os, obliged us to resort to the tampon, and wait until the dilatation was more complete. The flooding still continued, and the patient began to show the constitutional effects of loss of blood. The fœtal pulsations were gradually becoming more feeble, and we gave up all hope of saving the child. An attempt was now made to separate the placenta from its attachments; this was done as far as the finger could reach. The flooding for a short time ceased, but commenced as free as before. I now succeeded in getting in three fingers by the side of the placenta, and after a little working dilated the os sufficiently to admit the hand. In doing so I entirely detached the placenta, carrying it into the uterine cavity. The feet were now brought down, and the delivery completed without much difficulty. The child was dead. The mother made a good recovery. We estimated the amount of blood lost in two and a half hours, at about 40 ounces.

That portion of the placenta which was attached to the os uteri, is of a darker color than the other parts of the organ.

Dr. Wm. Detmold presented a small *congenital cutaneous tumor*, removed from the nates of a man. It consists of hypertrophy of the skin. Cutting through the pedicle, a large arterial vessel was divided.

Dr. F. M. Wright presented a specimen of *partial union* of *compound fracture* of the *thigh*.

The patient from whom this specimen was taken, was a young man about 19 years old, who received the injury from falling down a hatchway, and also received severe injuries of one arm, involving the elbow-joint and leading to long continued and extensive suppuration. He lingered in the New York Hospital for ten months, during the most of which time, the wounds, both of thigh and elbow, remained open, and suppurated freely. He passed through various alternations of improvement and failing, but eventually sank and died. At the end of four months from his admission, union was found to have begun in the thigh. After two months more, a large piece of dead bone, between two and three inches long, and involving the greater part of the cylinder of the femur was removed from the seat of the fracture, and subsequently several small pieces. At the end of

another two months, union seemed to have proceeded so far, and the patient's general condition was so good, that the apparatus was removed from the thigh, and he was allowed to sit up in a chair, but after this his symptoms became more unfavorable, and he died about ten months from the time when the accident occurred. A point of interest in the specimen, is the form which the presence of the necrosed bone has given to the new matter thrown out in the attempt at union. There is comparatively little new bone formed, but what there is has taken the shape of an involucrum, arching over, and as far as it extends enclosing the space where the sequestrum existed.

Dr. Wood observed that a want of union usually occurred in persons of intemperate habits, if we are not careful to stimulate during treatment.

Dr. Markoe remarked that the patient, from whom this specimen was obtained, was under his charge for some time, and the want of union was not due to the cause mentioned by Dr. Wood, and he thought union was prevented in consequence of the long continued suppuration of the elbow joint, the powers of nature being insufficient to carry on successfully both reparative processes.

SELECTIONS.

On the Motion of the Heart. By H. BAMBERGER, Prof. of Med. Clinic in Würzburg.

During the past Summer, the rare opportunity was afforded me of closely observing through a wound in the parietes of the chest, the conditions of the heart's pulsation ; a phenomenon frequently discussed, but as yet very obscure. The case occurred in a healthy man, 30 years of age, who attempted to take his life by stabbing himself in the breast with a sharp knife. The deed took place in a public garden, and I saw the patient about half an hour afterwards, when he was brought into the hospital. According to the testimony of those who brought him there, the bleeding had been profuse, and must at first have spirted in streams from the wound. He was pale and exhausted, but conscious. It was a smooth-edged, gaping wound, about an inch broad, inclining downwards, somewhat in front of the nipple, and at the lower side of the fifth left rib ; upon each contraction of the heart, a considerable quantity of dark blood was discharged. It was evident that the patient, who belonged to the higher class, had intentionally selected that spot where the

pulsations of the heart were best perceived. I pressed my index finger into the wound, and was greatly surprised to meet the flat, slippery point of the heart, which had, however, received no perceptible injury. There was scarcely a doubt that the pericardium was opened, as it would have been scarcely possible otherwise to have felt the point of the heart with the accuracy above described. Of course I availed myself of this favorable opportunity to study as far as was possible the motion of the apex of the heart. When my finger was introduced from the point towards the back, I could convince myself with the greatest certainty that at every systole the hardened and pointed apex of the heart slipped down along the front wall of the breast downwards, somewhat to the left, and a little below the lower margin of the wound ; a copious discharge of blood taking place at the same time near my finger, whilst in the diastolic moment, the apex retreated upwards and could not be felt. The duration of the 1st period, when the point of the heart moved along my finger, appeared to be somewhat shorter than the 2nd period, yet I could make no positive assertion regarding this, as the contractions of the heart were so frequent, about 100 in a minute. Notwithstanding the strictest attention, I could not perceive the lever-like motion of the point of the heart, nor the rotation of the same about its longer axis. As regards the patient, it is merely necessary to state, that the suture was immediately applied. After a few days, pericarditis developed itself, with a loud, grating, friction sound, that lasted about ten days, accompanied by a moderate effusion into the left pleural sac. In spite of this condition, and of a slight hæmoptysis that occurred, the general symptoms were light ; the patient rapidly recovered ; the wound healed by the first intention, and after a few weeks he was discharged. Neither in the pericardium nor in the pleural sac, as daily investigations showed, did any admission of air take place.

It may be permitted me to offer a few remarks upon these observations. The most important object gained by it is, I consider, the establishment of the fact that during the systole of the heart, a true movement of its apex takes place in the direction from above downwards and towards the left. The question might arise as to whether this movement may not be considered only as an apparent one, induced by a systolic elongation of the heart ; but since Harvey has shown more clearly the relations of the heart to the circulation, the previously accepted view of the heart's lengthening by the systole is entirely exploded, and at present the results of numerous vivisections and observations of Ectopia of the heart places beyond doubt the fact that the heart during the systole is lessened in its long diameter. The fact, therefore, that the apex of the heart can be felt considerably lower during its systole than during its diastole only by an actual depression of the whole heart can only be explained in the manner as described long since by Skoda. Skoda has published similar observations on a new born child, with deficiency of the sternum, where the fissure was only covered by skin. I had been a

long time convinced of the correctness of Skoda's view, that in decided hypertrophy of the heart, the deeper position of the apex of the heart during the systole might be proved by percussion, and those observations further made it highly probable to me that similar relations existed for the normal condition; this probability has since become positive certainty. This circumstance explains also the fortunate results of the above mentioned case. If the communicated facts are considered, we are necessarily led to the view that the stab must have been made at the time of the diastole, for only on such a supposition is it conceivable that the apex of the heart, which was felt beating so distinctly in the wound, could remain uninjured. Besides it is not inconceivable that the violent physical concussion at the moment of stabbing may have prevented the occurrence of the systole.

How is it now with reference to the oft-mentioned lever-like motion of the heart, in consequence of which the heart beats against the parietes of the chest? Harvey, Cruveilhier, and Follin have observed this in Ectopia of the heart, and the numerous investigations of Volkmann seem further to place this fact beyond doubt. It may be imagined, that I am not inclined to oppose such authority, or to place too much value upon one negative observation, whilst at the same time I do not wish to undervalue its importance, as it appears to me to be the only one whose outward relations differ as slightly as possible from its normal condition. For it appears to me, that it can be readily conceded that the possibility of a lever motion of the heart may take place where the wall of the chest is absent or broken through, without its being necessary to maintain its actual occurrence in an uninjured thorax; it may be exactly as it is in the motions of the exposed brain, the possibility of which we can with justice deny in an uninjured skull; in one case as in the other a normal obstacle is absent, and forces are put in action which could not be so at an earlier period, although in each case they must have been present. So long as we are ignorant of the *quantum* and *quale* of the determining forces of the heart's motions, it will remain a useless task to determine *a priori* the direction of these motions; if we concede, however, the motion of the heart to be downwards, and consequently the existence of a force that drives it there, as is proved by the foregoing, then may we also grant the existence of another force, which has the tendency to move the heart lever-like forward. This, however, is so restricted by the chest-parietes, that the resulting motion is in the direction downwards, the heart moving downwards is pressed more strongly against the breast wall, which condition possibly assists the object of the heart's contraction. The lever motion can never of itself be the measure and the true reason of the heart's pulsation. For the greatness of these pulsations does not depend upon the material of the lever, upon its thickness, &c., but upon the length of its arm and the moving force. The heart's pulsation ought therefore, all other things being equal, to be stronger in a giant than in a dwarf; in an adult than in a child; which all ex-

perience contradicts. On the contrary, it cannot be denied that the thickness of the heart's walls has a positive influence upon the force of the heart's pulsations, as daily experience in hypertrophy of the heart proves.

The complete parallelism that exists between the anterior surface of the heart and the interior wall of the chest, the perfectly flat surfaces of both, and the intimate contiguity of the same in the closed thorax, do not accord as Kiwisch has already shown, with the idea that the apex of the heart beats against the breast wall, and is forced into the intercostal spaces. In narrating later experiments upon animals which I have had the opportunity of making, I shall return again to the question of the lever motion. Though I cannot entirely agree with Kiwisch's view, and must hold to the motion of the heart in every case being downward and toward the left, yet I fully coincide with him when he makes the perceptible impulse of the heart depend not upon a peculiar beat of its apex against the breast, but merely upon the evident systolic hardening of the muscles of the heart pressed into the intercostal space. But it may be asked if this is the case, why is the pulsation of the heart felt only at a small spot corresponding to its apex, and not over the whole surface where the heart lies upon the breast wall? Several things appear to me to contribute to this. First, that part of the heart, that is directly upon the breast wall, belongs entirely to the right ventricle, which on account of its comparative thinness, is far less fitted to make its systolic hardening outwardly apparent, whilst that point of the left ventricle that lies close upon the breast wall, from its greater muscular character is consequently better fitted to make its action apparent. Besides, we must not forget that the juxtaposition of the upper ribs which are closer even than the sternum, and more particularly the thick muscles of the breast, render it almost impossible to perceive the heart's contractions under ordinary circumstances. I have myself often observed, in children and in emaciated persons, that the heart's impulses frequently occupy much greater space, and indeed can often be clearly felt wherever the heart touches. In hypertrophy of the heart, this is, as is well known, a daily phenomenon. I have seen very frequently the right ventricle of the heart giving as decided an impulse as the apex, and yet there exists no reason for supposing that the motions of hypertrophical hearts, leaving the strength out of the question, differ in any way from those of the normal ones. If the breast muscles of a rabbit be removed, and the intercostal space exposed, the pulsation will be distinctly felt on every part that the heart touches, though this could not have been previously perceived. There is, therefore, no necessity to postulate any other than the usual motions of the heart's pulsations.

Skoda (5te. Aufl. p. 162) opposes his view of the action of the contracting power of the lungs upon the chest parietes, to the views of Kiwisch. The conclusion of his argument purports as follows: 'Since the heart is held in contact with the chest-parietes, and the

diaphragm by the expanded lungs, and the contracting power of the lungs causes a continual contraction of the soft parts of the chest wall, then the heart, whatever form it may take, can never by a change of form cause an arching of the intercostal space or diaphragm from above or below ; it must rather, if there be no other influence upon its condition, produce a slight drawing inward of the intercostal space and of its diaphragm.'

In spite of my great reverence for Skoda, I must here be permitted to differ from him. If we were treating merely of the diminished space of the heart during the systole, a contraction of the intercostal space rather than arching of the same would occur ; but when on that account the heart passes into a more ball-like form, its muscular fibres hardening, and consequently producing a pressure against the chest wall, which does not take place during the systole, then the question is, whether this pressure from without is sufficiently great, not only to prevent the contraction of the lungs, which acting through the heart produces a contraction of the intercostal space, but actually produces a positive rest. Already *a priori* this possibility must be admitted, since no other sufficient reason exists, and *a posteriori* shows even that the existence of a systolic arching is in fact the case.

On the rotary motion of the heart, mentioned by many experimenters, the consideration of this case offers no conclusions. Whilst it is at first sight probable that such an one can only be sufficiently clear on the bases of the heart, and not merely at its apex, and it were unjustifiable to deny the motion solely on the ground of one negative observation ; on the other hand, the peculiar undulating arrangement of solid exudations in pericarditis confirms the same to a very great degree.

I have intentionally mentioned the results of my observations, and such as immediately grow out of them, without bringing into the question any experiments on animals, because I am of the opinion that any deduction from the phenomena of the heart's motions in animals can only be applied with great care to man. But I believe not the less, that they must yield exceedingly important data, if they are brought into harmony with the observations on healthy and diseased men. I have the liveliest desire to observe the phenomena of the heart's motion in animals, in a much more extensive manner than has yet been offered to me in man ; but I also believe that an actual advantage can only be drawn from such observations, by preserving intact the relative position of the heart and lungs, because, from the beginning, I was convinced that any important disturbances in the normal relations must produce such considerable changes in the heart's motion that any application of the same could not be thought of. Further observations have in the highest degree confirmed this view, and convinced me that in the open pleura, or in the removal or tearing out of the heart, its motions suffer the most important changes, and indeed not rarely are completely opposed to its normal condition. Too true it is, that the various investigations

of extracted hearts have rather hindered than assisted the student on the motions of the same.—*Archiv für Pathologische, &c.—Med. Examiner.*

On the Effect of Belladonna in Arresting the Secretion of Milk.
By R. H. GOOLDEN, M.D.

As nothing is read with greater interest by practical men than your reports of clinical facts, I hope I may claim a corner in your journal, at as early a date as convenient, to relate the following cases, illustrative of the effect of belladonna in arresting immediately the secretion of milk.

E. J——, aged twenty-eight, was admitted into Anne's Ward, St. Thomas's Hospital, with severe rheumatic fever. She had been ill four days, with a child at the breast four months old. At the time of her admission she had swelling and acute pain in both wrists, right elbow, both knees, and left ankle. The knee-joints were distended with synovia, and erythematous patches were on the skin of the knees, ankles, and wrists. She was bathed in perspiration, and the secretion of milk was abundant. According to the regulation of the hospital, the child was removed; indeed, from her helpless condition, it was necessary, considering the difficulty of attending to an infant in a ward with other patients. Soon after her admission she took eight grains of calomel and a grain and a half of opium, followed by a senna draught; and one scruple of nitrate of potassa, ten grains of bicarbonate of potassa, and half a drachm of spirit of nitric ether, in peppermint water, every four hours. The joints were covered with cotton wool.

On the following day, at two o'clock, I found she had been freely purged; the joints were in nearly the same state. She had had no sleep. The breasts had become tumid, hard, painful, knotty, and extremely tender. The superficial veins were distended. Some milk had been drawn, but the process was attended with great pain, and we could not listen to the heart's sounds on account of the tenderness.

A milk abscess, in complication with rheumatic fever, was of all things to be avoided, and unless the secretion could be at once arrested, it appeared inevitable. In this state I recollected that I had somewhere met with an observation (but I cannot remember whether it was in an English or foreign journal) that atrophine applied externally to the breasts would dry up the milk; and thinking it reasonable, I caused the areola of the breasts to be smeared with extract of belladonna, in the same way that it is used to dilate the pupil of the eye. I likewise ordered the addition of half-drachm doses of colchicum wine, knowing that whenever milch cows eat the meadow saffron in the pasture, they immediately become dry; and though I have not much faith in colchicum as a remedy in rheumatic fever uncomplicated with gout, there could be no objection to its use, and it has the sanction of much higher authority than my own.

On my third visit the following day, the first inquiry was about the breasts. They were all right. But was it the colchicum or belladonna that had relieved them? The extract was used before I left the ward; before the mixture was given, the secretion of milk had been arrested and the breasts had become soft. The rest of the case has no further special interest. I will only state that there was no heart affection, and that the fever, though very severe while it lasted, was of short duration, and the patient left the hospital quite well in fourteen days.

The second case that occurred to me was uncomplicated with any disease, and such as would usually fall under the care of the accoucheur rather than the physician:

A lady, the wife of a clergyman, was travelling with her husband, and in order to accompany him, had weaned her baby (then seven months old). Happening to be at Oxford at the commemoration festival, he came to me in great trouble, telling me that his wife had done a foolish thing in weaning the child, and that they were now arrested in their progress in consequence of the state of her breasts. They were tumid, very tender, painful, and hard, with large superficial veins, and the milk had been drawn with difficulty several times, with temporary relief. I recommended the application of the extract of belladonna to the areola, desiring them to send for a medical practitioner if the inconvenience did not immediately subside, or unless she felt quite well. A few days brought me a letter, giving a very satisfactory account, and thanking me for what she was pleased to call my wonderful prescription. Within two hours she was perfectly relieved, the milk absorbed, and (what is very important) there was no fever or other inconvenience attending the sudden suppression of the milk; and instead of taking the opening medicine I had prescribed for her, she continued her journey the next morning.

I have not been able to discover that the fact that belladonna is available for the purpose of arresting the milk secretions is at all generally known—certainly it was not to several accoucheurs in large practice of whom I have inquired. The fact is important, if true, for then milk abscesses will become a matter of past history, and probably many diseases of the breast may be rendered less complicated by its use.

The two cases I have detailed are not sufficient to prove that it will always be either successful or safe, but they render it highly probable that it is so. My assertion may have a temporary interest, and soon be forgotten, and the opportunities of observing milk abscesses, and their early progress, do not occur with such frequency to a hospital physician, even in private practice, as that I may hope to bring together a sufficient number of facts to lay them before you. The fact has already been noticed, and if you will invite others who have more opportunities of special observation to try the experiment, and give you *short extracts* of cases bearing on the subject, with the names of observers, I am sure you will confer a favor on the profession. —*London Lancet.*

On the Employment of Chlorate of Potass. By M. ISAMBERT.

In this paper, M. Isambert, after giving the history of the employment of the chlorate since its discovery by Berthollet, its disuse, and recent revival by Hunt and others, states that he has of late investigated its therapeutical action in M. Blache's wards, at the Children's hospital, and its physiological effects by experiments upon himself. Passing over these latter, we briefly present the conclusions he has arrived at in regard to its medicinal employment.

1. *Gangrene of the mouth.*—On carefully examining Mr. Hunt's observations, he considers it very doubtful whether he has always had to do with true gangrene of the mouth, having rather confounded this affection with the ulcero-membranous stomatitis, in which the effects of the chlorate are truly remarkable. In two cases of gangrene he did not find it very serviceable; and West, who carefully distinguishes between the two affections, seems to have come to the same conclusion.

2. *Ulcero-membranous stomatitis.*—This term, adopted by Rilliet and Barthez, well explains the nature of the affection, there being in fact, both ulceration and the formation of false membrane present, the one predominating in some cases, and vice versa. It is a most obstinate affection, having no natural tendency to a cure, and being very liable to relapse. West first employed the chlorate in this affection, and his success with it has been amply confirmed by Blache, Herpin, Bergeron, and others on the continent. Eight cases which have occurred to the author speak equally favorably. Relapse may, however, occur, though far seldomer than under any other remedy; and it should, therefore, be continued for some time after the fall of the false membrane. The chlorate, too, is powerless against the alveolo-dental pyorrhœa, or ulceration of the borders of the gum, with purulent issue from the alveoli on pressure being made upon the gum. The mean duration of treatment of these eight cases was from three to five days for the production of the fall of the membrane, and five to ten for a complete cure. When the cure was longer delayed, relapse had occurred, or the alveolo-dental pyorrhœa was present.

3. *Aphtha.*—The vesiculo-ulcerative state of the buccal cavity, to which this appellation is now confined, is in general a very mild affection, and curable by simple means. Sometimes, however, numerous and confluent ulcers produce much pain, impede feeding, and are very tedious in healing, and induce constitutional disturbance. In a case of this kind the chlorate effected a rapid cure.

4. *Muguet.*—M. Legroux has tried it in several cases of epidemic muguet at the Hôtel-Dieu, but without any favorable result. During the trials it was found to pass rapidly into the milk of the nurses, and in this way it may be administered to infants.

5. *Scorbutus.*—M. Fremy has found the medicine of use in this disease; and thus we find the moderns returning by another route to one of the first affections the chlorate was recommended for, on he theory of deoxidizing the salt in the economy.

6. *Diphtheritis.*—Observations commenced by M. Blache, and continued by the author, leave no doubt as to the utility of the chlorate. In this affection there is, however, every gradation from the most simple to the most malignant form, a sign of most unfavorable augury being found in the swelling of the parotid and deep-seated cervical glands—enlargement of the submaxillary glands occurring in even the simplest forms. Of thirteen cases, the chlorate was exclusively employed in four, and the cure was rapid, the cases being mild ones. In two, although cauterization with nitrate of silver was employed at the beginning, the success was attributable to the chlorate. In two others, cauterization was simultaneously employed, but the cure was not more rapid than in the others. The 9th case was a very severe one following scarlatina, and the patient was cured by the chlorate and quinine, without the aid of cauterization. The four others died, but they were cases of a very grave description. The chlorate is, therefore, no heroic remedy, always curing angina maligna, nor is its action immediate; for, although it appears in the saliva a few minutes after administration, it requires at least twenty-four hours, and usually three or four days, before it can effect its purpose. It should, therefore, be commenced with early.

7. *Croup.*—The success attendant on the chlorate in diphtheritis naturally led to its employment in croup. The author relates four cases in which the chlorate seemed to have succeeded, and refers to eleven others, in which tracheotomy was resorted to also, whether because the medicine did not seem to be taking effect with sufficient speed, or that tracheotomy having been already employed, it was given as an adjuvant to prevent the reproduction and extension of the diphtheritis. Of these eleven cases, some of which were very severe, there were eight recoveries and three deaths. Between the 1st of January and end of March, 1856, tracheotomy was performed in M. Blache's wards fourteen times with nine recoveries and five deaths, all the children taking the chlorate either prior to or subsequent to the operation. If this success be not due to the occurrence of a run of lucky cases, which occasionally occurs in practice, the result is remarkable, as the proportion of recoveries after tracheotomy, at the same hospital, has averaged during the last six years but one in four to one in five. When tracheotomy has been performed, the use of the chlorate is especially indicated, when there is a tendency in the diphtheritis to extend to the bronchi, pharynx, or nasal passages. It should be combined with expectorants and considerable doses given.*—*Gaz. Médicale. Virginia Med. Jour.*

* We publish the observations of M. Isambert, because we are disposed to think that the salts of chlorine are not regarded with sufficient favor by American physicians. The usual dose of the chlorate of potash is from ten grains to two scruples in the 24 hours, either in the form of powder or solution.—*Ed. South. Med. and Surg. Jour.*

* We concur in the above entirely, using it constantly ourselves with almost uniform success.—Eds. Am. Med. Monthly.

Action of Sugar on the Teeth.—M. Larez, in a course of investigations, arrived at the following conclusions, relative to the action of sugar upon the teeth :—

1. Refined sugar, from either cane or beets, is injurious to healthy teeth, either by immediate contact with these organs, or by the gas developed, owing to its stoppage in the stomach.

2. If a tooth is macerated in a saturated solution of sugar, it is so much altered in its chemical composition that it becomes gelatinous, and its enamel opaque, spongy, and easily broken.

3. This modification is due, not to free acid, but to a tendency of sugar to combine with the calcareous basis of the tooth.

Chloroform in Croup.—M. Passavant relates some trials that he had begun to make with chloroform in croup. He had observed that in pneumonia, under the influence of this agent when inhaled, the viscid expectoration was discharged, enveloped as it were, in a liquid exudation, and from that fact he hoped by the use of chloroform, to be enabled to facilitate the detachment of the false membrane, in croup. At intervals of greater or less length, chloroform was inspired for about ten minutes, but without producing sleep. The result was surprising. Strips of false membrane, many centimetres in length, were expectorated with violent efforts at coughing. These observations, however, are not sufficiently numerous to enable him to decide definitively on the value of this treatment. It cannot yet be determined whether it merely favors the expulsion of the exuded membrane, or exercises a favorable influence on the mass of the blood. It is probable that it has no action on the swelling of the larynx in which tracheotomy is indicated.—*Archiv. Physiol. Heilk.*—*N. O. Med. and Surg. Journ.*

EDITORIAL AND MISCELLANEOUS.

The seventh volume of the MONTHLY commences with this number, and it is proper to allude to the changes which are made in it. Its editor remains on the tripod which has supported him for the last three years, but the assistance of an experienced writer, to whose productions our readers are not strangers, has been secured. This concentration of responsibility and energy will, it is believed, be beneficial to the publication, securing greater unity of purpose, and more promptness of issue. The MONTHLY becomes the property of the editors, who will thus take the control of its affairs into their own hands, and will endeavor to secure as complete working as is possible of the various and complicated machinery of such a pub-

lication. Entire independence of all influences but those of reason and right are thus secured, and to these they will gladly lend their aid. Our comments on all subjects will be as free as is desirable but always cautious, our opinions will be decided but not dogmatically maintained.

To our subscribers we beg leave to present the congratulations appropriate to the season, and in the stereotyped phrase, wish them a "happy new year."

As we look upon the year 1856, and remember how lately we were commencing its duties, our amazement at the swift passing of time increases. Yesterday we welcomed the birth of the year, which to-day is buried, its term complete, its labor done. But when we look along the line of deeds, and see how the days' employments stretch back in their long array, we rather wonder that it has been with so laggard pace that it has flown. Medical men see so many of those milestones of sorrow, which to other persons mark years of progress, that their lives are long if reckoned by the events they cover. Incident it is said is not our fortune, and if it is meant incident of which the world takes note in connection with our lives it is true. But how do the lives of all others intermingle with, and become inseparable from that of the physician.

Seated in his quiet chair, snatching from his weary life a moment's rest, a physician recalls at the close of December, the events of the twelvemonth just gone. Looking at his memoranda his eye runs over name after name, and with each, incidents full of importance to the separate families concerned crowd upon him. Now he stands by the side of an only child, on whose life depends the happiness of a widowed mother, and wrestles with the destroyer to snatch back his prey. The hoarse cough, the breath drawn with so much labor, the starting eyes, the flushed face of the little sufferer, have warned him of his potent enemy, while, to his very heart's centre do the agonizing exclamations of the mother reach. And yet calmly he stands directing his enginery of health with consummate wisdom, fully armed and fully guarded that the precious prize be not snatched from him in a moment of wearied inattention; while at the same time he pours consoling words and gives supporting counsel to the sorrowing heart, almost crushed beneath the shadow of the threatening evil. And when disease is quelled and health again begins to mantle the cheek of the loved one, he has quietly retired, thanking God that he has been permitted to be useful, and pursues his ways with the modesty of real greatness.

The eye falls upon another name, and he remembers how a whole household was hushed into awful stillness, while his own heart beat low but calm, as two lives trembled upon the balance, and he knew that upon his knowledge and skill their fate rested. A moment's error and all might be lost. Though such responsibilities weigh upon him, he is unmoved as the mountain. With a heart filled with sympathy, almost irrepressible he crushes it all within him, that he may not prove unfit for the sacred trust committed to him. And when the danger is passed and safety is again brought to the new mother, he has crept home in the grey of the early dawn, to throw himself upon his bed and seek rest from his exhausting watch. And neither the wife or any of that household know how great was the peril, but remember only the cold look of the physician, and wonder if he is entirely heartless.

But the scene changes, and he remembers how time after time he has stood by the side of the dead, and how earnestly he has labored to rekindle if possible a spark of life, and with what a heavy heart he uttered the words, "it is useless." How all have turned to him as the only one who could restore the father, upon whom death's stroke has suddenly fallen, and how he has sorrowed to say that the great victor has conquered. Again he recalls the young and the old, the high and the low, who have one after another suddenly reached their goal, and he knows as no one else knows what is the uncertainty of life.

Another entry and he sees a poor, thin girl wasted by disease which was beyond hope, but who with bright and cheerful countenance welcomed him to her sick room. How calmly she suffered, how lovely was her spirit, and how gently it passed away. And the good mother who watched over her, sighing to lose her loved one but patiently meeting this new trial,—how from her poverty she saved a pittance for his fee, and months after her child had gone, urged his acceptance of it, with earnestness which few would have resisted. In contrast with her another is recalled, a querulous sick man loaded with wealth, snarling, complaining, and conceited, suffering from his own imprudences and his own vices, annoying all who come near him, attempting to exact submission from all who approach him, and then haggling with his physician because he asks for relieving him from sudden and dangerous sickness, a pittance that he will waste in a moment on a useless bauble or a favorite horse.

And so his eye wanders on, the mind recalling the events to others

of rare interest, to him of common repetition, and sees how his life reaches into the very heart of many others, whose confidence he safely preserves, and upon whom he has looked when the veil which conceals every one from his intimates is torn away by sudden and overwhelming grief. Neglect and distrust, esteem and love make the light and dark shades of the picture, carrying with them remembrances of genial warmth or of icy coldness such as few others know.

Which of our readers cannot fill up this outline far more completely. Life perils, hair wide escapes, are to all familiar, and make up their daily life.

Standing thus between two years, we seem to see those figures which the artist has carved in marble, to embody his night and morning. The new rushes forth with eager look and parted lips, swiftly cleaving the clouds, with ringlets streaming far behind, and wings that beat the air with firm and vigorous stroke ; while the old seeks rest with drooping wing and closed lid, and weary face, just moving through the thick opposing clouds. But to the true physician it goes down loaded with good deeds and full of joyous recollections.

Reader, have our musings of the year-day been capricious or unreasonable. Take your memorandum and in your easy chair question it, and see what are its answerings and instructions.

—Doctors sometimes eat dinners, though not very often assembled together as doctors. Last November, however, in this good city of Gotham, with mine host of the Astor House, they did congregate in aid of the Society, which is to benefit the widows and orphans of medical men (not in general but of the Society). Having paid our five dollars for the necessary amount of pasteboard, we took up a position where we could, 1st, get something to eat ; 2d, see what was done ; 3d, hear what was said. Accordingly we did, 1st, eat and drink till we had had a very good dinner ; 2d, we did see all we could ; and 3d, we did hear pretty much every thing. A sketch of every thing would be about as interesting as a copy of the bill of fare, and we shall not give it, but say a few words in general. Dr. Isaac Wood presided with his usual grace and dignity, aided by several vice presidents, among whom Dr. Anderson was especially useful, by repeating in his clear ringing tones the toasts of the occasion. The programme of the speeches was in general well arranged, and Peter Parley, Mr. Vandycke, and Mr. Tracy spoke respectively for the literary, the theological, and the legal professions. Peter

Parley told his story as well as usual, which is saying a great deal, for Peter's stories are usually well told. Dr. Satterly answered for the army, but immediately ordered up, by virtue of his superior rank, Dr. Van Buren who formerly served in that corps, and who spoke in praise of the medical staff in military service. Dr. Woodworth answered for the navy completely and handsomely. Dr. O'Reilly responded for the Irish practitioners, and Dr. Schilling for the German, the former bringing down the house by giving one hundred dollars to the funds of the Society. Other speeches followed which we cannot minutely refer to, though no one else talked with such effect as Dr. O'Reilly. Towards the small hours we left them still speaking, but presume they have stopped before now. Some queer things were said, for instance, one speaker remarked that "the profession of New York is now, owing to this society, a unit in its interests." Many a grim smile was hastily buried in champagne, or hock, while others were indulged without concealment. It is just about as much a unit here as elsewhere, say in Boston or Philadelphia, but not more; but the influence of this society towards accomplishing it is unity. As no press was treated, we cannot tell how good a speech remained bottled up in our friends Drs. Bulkley and Reese and Tuthill, though they always speak well. A little liberality in sending cards of admission to the daily press, would greatly increase the facilities for accomplishing several things, for which these dinners are designed.

— It is only two months since the topic of doctors in court was presented to our readers by the abstract which was given of Dr. Gilman's introductory lecture. Since that time the subject has twice been brought before us, on which we are minded to offer a few reflections. In one case the compensation of professional experts was a point concerning which we were placed upon the stand as a witness. So important was the matter felt to be that even Dr. Valentine Mott exposed himself to the annoyance of dancing attendance upon the convenience of judges, jury, and lawyers, that he might throw the weight of his authority upon the side of right. The position which we took, and which was that unanimously agreed in, we believe, by the professional witnesses, was that the value of an expert's service depended upon his *knowledge*, and not upon the amount of practice he has at the moment of his employment. The plaintiff, called upon to testify as an expert in dentistry, of which he had been a skilful practitioner in England, sued for an amount of compensation which the defendant considered exorbitant, because he

was not in regular business here, and was not earning so much by his profession. The point is so clear that we wonder how any one can doubt concerning it. Dr. Dixon, of the *Scalpel*, maintained that twenty-five dollars a-day, the sum demanded, was not enough, and all agreed that it was not too much. The decision on this point was in favor of the plaintiff.

Moral insanity is the other topic which has called doctors into court. The case is the notorious one of Huntington, on trial for forgery, some thirty indictments being found against him. After the State had proved conclusively the fact, the defence came into court with the astonishing plea of insanity, frankly stating that it was determined upon only the day previous. We call it astonishing because it was as little anticipated by the public, as it was by the prisoner's counsel. From that moment, the case, which had before interested the profession only as a common question of right and wrong,—an instance of crime aggravated and long successful, became a scientific problem to be solved chiefly by the medical men called as experts. As we write, the papers present us with full reports of that testimony, our regret being chiefly that we cannot present it in full to our readers. The family physician—a homœopath—shows by his testimony that he was shrewd in making a stout bill, and shrewder in taking care to overdraw his account; so that in case of a sudden 'bustification,' as one witness phrased it, he might be secure against loss. No witnessess were called who had made insanity their especial study,—at which we wonder,—for several men of ability and experience in the subject are accessible from this city. To our own mind there seems no proof that moral insanity is justly predicated of the prisoner. We shall look with great interest for the full discussion of the case in the *American Journal of Insanity*, where it will doubtless meet with all the attention which its prominence and notoriety demand.

—We are now going to venture upon a remark which shows great temerity, as well as originality, too. It concerns the age in which we live, and we are going to remark, that it is progressive. Yes! this is a progressive age, and thus we have announced an astounding and novel proposition. Its occasion, however, will interest many, for it concerns all who eat bread, and who does not? What say you, good reader, to an oven which can easily bake, in twenty-four hours, *five hundred barrels* of flour; which takes the dough in at just the right moment, and which puts it out as soon, and no sooner, than it is done; which enables the owner to deliver, day by day, to us, at four miles distance, most excellent bread, for as little money as we can buy the

flour of which it is made, and have it put into our cellar. Yet this is now an every day affair, and is capable of the most rigorous demonstration. We have seen, and therefore know, concerning it. A brief description will not be amiss, even in a medical journal. Berdan's automatic oven, to which we allude, is *thirty* feet in height, *fourteen* in width, and *nine* in depth; in itself quite a little house. By its side is a small steam engine, which moves its machinery, while before it stretch out its long, arm-like levers. Some twenty men are constantly occupied in waiting upon it, and it exacts the most scrupulous promptness from them. It front of it are four small doors, which slide up to open, two of which are at the upper and two at the lower part of the oven. About twenty feet is the distance from the lower to the upper doors, abundant room being thus given for two floors to be occupied by the bakers, in preparing the flour to go into the oven, and to dispose of the bread after it comes out. Before the upper and lower doors, a little track is laid, on which a car runs most intelligently. Within, there is a modification of the endless chain movement, which it is not necessary here to describe minutely. The fire is beneath, requiring about a ton of coal a day. The heat within the oven is regulated by means of an ingenious, self-acting damper, exquisitely sensitive to heat. Entering upon the upper floor, we saw two men waiting the movement of the automaton, which stood without any indication of its contents. But in a moment one door slid open, and out came a pan, nearly five feet square, which was received upon a car standing ready before it. Immediately the door closes, and it is directed upon one side, so that anything contained in it, if not adherent, must slide off, a shaking motion from side to side hastening its departure. Again the pan is righted, and the car runs to the other door, where it pauses long enough to receive its load of dough, which the attendants have already prepared to place upon it, when the second door opens, and again the pan is hurried into the oven, which at once closes behind it. The car resumes its first position, and another pan comes out to be relieved, in the same manner, of its burden, and to receive in turn its new load. Thus, when in full operation, a pan of bread is dumped from one of the upper doors, while, into the other, dough is constantly entering. At the lower doors, the same processes are going on. The dough which enters the upper right hand door, in half an hour, comes out as bread from the lower right hand door, while the dough below enters the left hand door, and appears as bread at the upper left hand door. Some idea of the rapidity with which it is delivered, may be formed from the fact that

it keeps two men busy at each door, whether it be to put in the dough, or to put the bread, as it comes out, into the appropriate baskets. But we have stated the capacity of the oven, and the amount of flour that the inventor has proved can be manufactured into bread in a day, five hundred barrels making *fifty thousand* loaves of bread, saving the labor of *twelve hundred* men. We cannot dwell longer on its machinery. The bread is better baked than ordinary, and is free from many of the faults of common "baker's" bread, resembling, in several particulars, good family bread. So many thoughts of the use to which such an invention can be put, occur to any one, that we hardly need to prolong our paragraph by any reflections upon it; but we advise any one, who is doubtful, or curious, to pay a visit to the oven, which is in Fulton Avenue, Brooklyn. Mr. Berdan always gives a courteous welcome to doctors who visit him.

—It has often been a subject of serious consideration with us, whether we should speak out in deprecation of the use and abuse of the daily press, in matters which affect our profession. There is scarcely a paper, however respectable it may be, which does not contain one or more columns of advertisements—to say the best, of a very doubtful character—headed medical, operating upon and abusing the confidence of a too credulous public. Against this abuse of the press we can only raise our voice and show our unqualified disapprobation, for the task of remedying this evil would be more that Herculean, and the filth to be removed worse than that of the Augean stable. Where, however, a cotemporary non-medical journal has dared to go, we certainly can follow, using its language. Upon one of the minor evils of which we speak, thus says the *American Agriculturist*, a paper, which, for its high scientific and literary character, deserves a place upon every physician's table, be he in any way devoted to agriculture or not. It gives entertaining reading to the one, useful and practical suggestions to the other, and at the very small tax of one dollar a year.

THE "POSTAGE-STAMP" SHAVE.

Scarcely a newspaper can now be taken up that does not contain the advertisement of some "Rev." or "M. D." who has recovered his health by the discovery of a wonderful remedy for consumption or nervousness or other ailing. Filled with gratitude for the good they have secured they are benevolently affected towards all other sufferers, and hence they pay large sums to inform the people that for one, two, three or four "postage stamps" they will send the recipe by return of mail.

We had not supposed it necessary to caution the community against such impostors, but it appears that the business pays well enough to

keep it up, and moreover it is now greatly on the increase, and to our surprise during the last month intelligent men in different parts of the country have actually sent us special remittances of stamps asking us to call upon Dr. So-and-so and Rev. So-and-so, and procure for them the elixir of life. If intelligent persons are thus imposed upon, how is it with the millions of ignorant and unwary? Of course we have made no effort to find the advertisers. It is exceedingly doubtful whether they have any "local habitation," or are to be found in any other way than through the Post-office box.

Has not the question occurred to every one, if these *benevolent* individuals are so anxious to do a public good, why do they not publish to the world at once their important discoveries, which could be done without cost, instead of paying hundreds, yes, thousands of dollars for advertising, and making tens of thousands of dollars expense to those "sending stamps" and prepaying postage?

A correspondent informs us that: "A nervous neighbor enclosed a stamp to one of these 'superannuated clergymen,' and received an unpaid circular (costing the getter-up one mill,) setting forth the virtues of a costly preparation which would be forwarded to him on the receipt of $1; that impressed with the apparent honesty of the 'clergyman,' he sent forward the dollar, and received in return a little unpaid package containing 12 homœopathic pills of arseniate of potassa, costing perhaps one cent, with directions to take three a day, and if these did not cure perfectly another batch would be forwarded at the same rate; and that while one package seldom failed, two, three, or at most, five could not fail to work a perfect cure *if the patient had rightly described his condition.*"

Probably very few of those who "enclose stamps" ever hear of them again.

But enough for this time; we have more cases on hand for future disposal.

— Dr. Walter Channing, of Boston, gives an interesting sketch of Dr. Simpson, which we are sure will interest our readers. It shows what a worker he is, and explains how it is that he accomplishes so much. He must be made of sturdy Scottish stuff to endure this for a long time:

At half-past one his consultations at home begin, and last till nearly or quite six. This is his least busy season, but as many as between forty and fifty have been counted; on one day more. His patients are arranged in two classes—those who pay, and those who do not. This prevents much embarrassment, which would necessarily arise in learning the condition of each patient, and hence much time would be lost, and it is very important to prevent this. When he began this system of home *clinics*, for such they strictly are, his house was filled at all hours, so that it was impossible to keep any order. People would come at seven A. M. in order to be first. They would get breakfast at six, or earlier, and disturb their own families much. To prevent this, he fixed the hour at half-past one to half-

past five. The patients of the two divisions are in different, but equally large rooms. They draw lots for priority, have tickets, and come in as called, and so the most perfect order prevails.

Everybody knows what are Prof. Simpson's hours, and everybody observes them. He has an assistant, who writes prescriptions to his dictation, directions, letters, &c., and also attends to cases. He examines cases daily when there is occasion to do so. From long experience, and constant observation—the habit of recording cases—and of distinguishing them with all the accuracy in his power, he is able to arrive at conclusions in the cases before him in a very short time, or to make his diagnosis. I see most, or many of his cases—examine them after him, and I have again and again been struck, in new ones, how true is his diagnosis. He proceeds at once to the treatment. If an operation is to be, he does it at once. Applications of remedies are made, and prescriptions given, with directions, and the patient is desired to call in a week, fortnight, in two days, &c., as circumstances may indicate. At times the case is written down from the answers of patients to questions. This is always the case if it be a new case, or it is probable that changes may be required in treatment, or the effects of treatment noted. Some notion may be got of this portion of Prof. Simpson's in-door, or home professional life. He goes through this great labor quietly, and methodically, and with as gentle, kind, cheerful spirit as man ever manifested. The moral character of the daily service in disease, is quite as striking as is the professional. The moral presides over the whole, and renders it one of the most interesting matters for observation that can occur. I have been utterly surprised at its executive patience, its efficient activity. Here are the poor and the rich together, with no other distinctions than such as will best accommodate both. And I can say, from a long and wide observation, that there is no difference in their treatment. The great fact of each in Prof. Simpson's regard is the fact that disease exists which it is the physician's business to investigate and try to remove. He knows what is the prospect of success or of failure, and makes his prognosis accordingly. But even when the worst is announced, it is not spoken of as utterly hopeless, and something is done, all is done, for present comfort, when nothing may be done for cure. I am surprised again at the variety of disease which congregate at No. 52, and of the number which is presented in each kind. It is this which gives character to the whole, and makes these *clinics* the very best schools. I have been every day a pupil here. I have every day learned much; yea, a great deal, which will aid me in my future professional, yes, moral life. I had designed to visit Ireland; but so few days remained to me that I was sure that the visit could amount to nothing important, and I concluded to remain at Prof. Simpson's house, in the midst of his home practice, and to visit with him abroad such patients as he could show me.

Wherever we went, the Professor was received with the same bright welcome, the same cheerful face, and I thought this made the beauty of his professional life. One was glad to see him so soon again.

Another had been waiting, with such patience as could be commanded, for a visit. But with all was the appearance, and the consciousness, that something good was to come from the call. He had time for everything. Took his seat, and with his "come along now," "how are you?" "how have you been?" &c., and which was always answered to satisfy perfectly the various objects in view. There was directness in his questions, or directions to the patient, but it was so quiet, so easy, that, though time was pressing on new engagements it seemed that the present one only occupied his mind. There was persuasion with command, or demand, in such proportions, that the patient was only anxious to do the very best for himself, or for herself, and for the Doctor. In this way, or by this manner, which seems no manner at all, Prof. S. is able to do a great deal in a short time. His coachman understands, by a hint, where he is to go, and goes rapidly through his various service. As we pass along, some object of interest is at hand—the Botanic Garden, a ruin, a hill, a beautiful prospect. He pulls the string, opens the door which lets down the step, and "come away," tells you there is something for you to see—something to please you—and there is time enough to see it. "I visit here, and for ten minutes I will leave you—go down there, and you will find something." Off he goes to his patient, and off I go to see what he has indicated. The Professor is well made for dispatch. He is short, stout, with small feet, and his step is short and very quick. He is of excellent age for vigor—about thirty-nine—and "goes ahead" of all walkers. I have almost to run somewhat, not to lose him. Let me finish his picture. You have his length, but not his *full* length. His head is large, covered with a profusion of black hair, which obeys its instincts, and more strikingly so when he thrusts his very small hand into and all over it. His forehead is of good height, but the hair grows low upon it; and to me this is the most becoming manner of its growth, and the antique, the Apollo, the Clyte, &c., support my taste. His face is broad, of fair length, and its expression just such as such mind and heart always produce. His eyes are singularly loquacious, and always begin to talk before he utters a word. His knowledge is more various than I have before met with. Nothing escapes him. Science and literature are his pleasures. Archæology is a favorite pursuit; and his friends frequently send him books, and specimens, which help his studies. I never saw so many presents. I went up last night late. "I must make some visits," said he, "say at eleven." Off drove his coach. This morning, before anybody else was up, I went below for my spectacles. On the sideboard was a basket of fine peaches, "which was not so before." In the morning, bouquets came in. I could fill pages with a list of such offerings as are daily poured in. He has game at every meal. "Our friends," said one, "keep us supplied with game." His family pass the Summer in a very pleasant place a few miles from the city, but his house affairs go on by themselves very much as of themselves, and knew how, and are all in perfect order. Said he to me, when he carried me bodily from my hotel, "I am a bachelor—no woman—but 'come away,' you shall have the best I have." Night

before last, he was called into the country. I found him at table in the morning, and with a heavy, but hearty yawn, said he, "I had a drive last night, over a stony road, in a carriage without springs. I changed it, but was no better off, and I feel well pounded." This was not a complaint, but an experience; and, as soon as breakfast was over, eaten as it was with all sorts of interruptions, he was ready for his visit to the Duchess of ——, and everybody else. He eats little, and as if almost unconscious of the function. In this he constantly reminds me of —— ——. He receives a great deal of money, I have heard. But he seems wholly regardless of money, and, as I have further heard, it is only lately that he has begun to accumulate property. He is paid at the visit, or consultation, which saves him from one of the most inconvenient offices, charging and collecting fees. We feel both the inconvenience and loss, in America. I have seen fees paid him. It is when the patient is leaving him, and, by offering the hand for farewell, the fee is deposited in his. I really think, if he were subjected to our system, he would get no money at all. "At night," said a patient of his, whom he sent to me when she came to America, "his pockets are emptied. He knows nothing of their contents before; and so his money is cared for." I said his meals are often interrupted. His butler brings in cards, notes, letters. "There," says he, and lays by note after note. Then two or three ladies come in. If he be not in, down they sit on the sofa, and take up books or newspapers. Then gentlemen, with or without ladies, appear. They are always asked to table by Miss ——, his sister-in-law, or somebody else. When the Professor is at table, he places them. But he is reading, and eating—or giving bread to a spotted Danish coach-dog, named Billy, of fine size, and a universal pet. I feed him always. Professor S. talks to the comers. Then learns of strangers what they want, gets their residence, if visits are wanted, or goes into a room hard by, and sees them alone. His house is very large, and full of rooms, and always seems inhabited. At length, he gets ready to go out. "Come away," he says to me. I run up to put on a different coat, to get my hat, &c., and always find him, hat on, at the door, ready to run down the steps for the morning's work. This is the way every day. He wears a narrow-brimmed hat, and puts it on well back, and so shows his whole face, and part of his head. His dress is always black, with a remarkably nicely-arranged white neckcloth, with a very carefully made bow in front. So you see he is always *dressed*. I think, M., you would want to give the hat a different *set*. You could not improve the rest of the toilet.

Now, is it not a great privilege to be the inmate of such an estabment as this? Is it not a thing to prize, to be the companion of a man so wholly devoted to others, and yet who is so cheerful, so constantly happy himself? You are admitted by such a man into the society of his thought and of his act. He always talks to the purpose, and yet he is the least of a formalist of any man with whom I have been acquainted. He has large information, for he is habitually an observer and a student; and yet he has no pedantry, no obtrusion of learning for its, or rather his own sake, but that his

companions may be helped by what he knows. He is almost daily making new observations, discovering something new, or using the known in a new way. And yet he is not in the remotest degree a dogmatist. It is not to support a doctrine that he talks, but to afford you an opportunity to speak more fully of it, to get knowledge from it, or to aid you by the knowledge he communicates. I have been chiefly a questioner in the society of Prof. S., and I always have got good answers. If he has no answer—if he cannot explain the unexplained in my own mind, he turns himself round in his coach, for it is in driving I have the best of his society, and says, "I don't know, I cannot explain that." He will add, "I have had the same difficulty you have, and cannot clear it up." One advantage has arisen out of this intercourse with Prof. S., which declares itself to me every day. I am conscious of a daily review of my own professional life, of thought, of reading, and of study. I speak constantly of books, of cases, of results of treatment. Prof. S. has read all, and infinitely more than I have, and yet how small is his study! "Here is my study," said he, the other night, as I was passing his sleeping-room, on my way to bed; "come along." In I went. The room was small. There was his bed; and in place of a night-stand, there was at the head of his bed a book-stand, or case, with two or three shelves, about a foot and a half wide, filled with books. The filling took but few. Taking hold of a movable gas-burner, he brought it forward, so that he could easily read on his pillow. "Here," said he, "is my study. Here I read at night." I only said, "What a privilege it is to be able to read in this way. I never could," and then, "good-night." I heard his night-bell almost every night. When I recollect how much work this man does, how his days are filled and crowded with all sorts of professional duty and service, I am surprised that he should make his study of his bed; and yet this simple incident had in it an explanation of the wide knowledge which is acquired under difficulties. I saw in it how intense was his interest in all which was before him, and did no longer wonder at his success; and more, I no longer wondered at his unconsciousness of his own acquisitions, so that when he gives them to you, you almost think that he is speaking for another, rather than for, or out of, himself. Among his other labors he edits a medical journal, and is himself a constant contributor. This review of one's professional life, in the intercourse of such a man, I confess is singularly attractive. You ask if he has read such a book. He says he has. You now speak of something which strongly impressed you at first, and may be, only reading of it, describe a case or dwell on a doctrine, and ask if he remembers this or these, and if his experience supports the doctrine. I suppose that in many cases our distinctness of memory regarding some point or points in a book, may be because what impressed itself so strongly was the only novelty or important fact in the book. How rare is it, even in books of much size, to find a page or a sentence which will "stick," as somebody says, or hold its place in the mind. The reading of mere repetitions of what others have said, and which we already know,

makes no addition to knowledge. It is nothing more than putting upon another, so to speak, its exact fellow—piling up the same thing—a most useless species of overlapping. But the book of which we have so little recollection may have a great deal for another mind. When that mind is addressed on that book, much will often be brought before us which had scarcely been noticed, or only to trace its resemblance to that already acquired. It is now presented under new aspects, and may be to us new or original knowledge. In these works of very early study the gray fathers of medicine are again with us; and in talking of and with them the former days return, and age feels again the warmth and the vigor of early manhood. I do not know when I have had more of that enjoyment which comes of study and its gifts than when, with this living Professor, I was looking back for nearly half a century of my own intellectual effort, and in this way consulting again the earliest sources of knowledge.

—The French Academy is now, and has been for several sessions, engaged in a discussion upon the treatment of ovarian cysts. As this subject is one which has been the study of several able statistical writers in our own country, and is one also to which American surgeons can point with a great deal of pride, we have translated the remarks made by one of the most renowned pathologists of the day, whose loyalty to medicine is too well known to need encomium, and whose good faith is proverbial. The logical arrangement of the article, and the fearless acknowledgment of a change in opinion, merits attention. In the course of the article, two references are made—one to the statistical tables made by Prof. Trousseau, and the other to the mode of operation proposed by M. Barth. We give these in order to complete this paper.

Southam, in *The Medical Gazette* for 1834, among 21 cases of tapping, found 4 deaths the first day, 3 before the end of the first month, 14 before the end of the year. Two-thirds, then, of those operated upon died before the end of the first year. Lee, in 1847, reported 46 cases of simple tapping: 3 died within twenty-four hours; 6 within a few days; 12 in a year; 2 at the end of three years; 1 at the end of six years, and 1 after fifteen years. Of 64 cases, collected by Kiwisch in 1856, 9 died the first day; 6 after the second tapping; 15 upon the third or sixth puncture. There were 3 decided ameliorations, and one cure only.

M. Barth in his paper, from which the discussion arose, related a peculiar case, in which he attempted to produce a radical cure by a new method—a modification of the *canule à demeure*. The operation consisted in puncturing the walls of the cyst above the pubis, by means of a long curved trocar and canula, and after the discharge of a certain quantity of liquid, by making a second puncture with the trocar from within outwards, it being again introduced through the

canula, and coming out three or four inches above the first puncture. The trocar being withdrawn, a caoutchouc tube is passed through the canula by means of a needle, and then the canula in its turn being withdrawn, the tube remains behind. The tube is pierced with two holes at that portion which corresponds with the interior of the cyst, allowing the constant escape of the contained liquid, and permitting the easy injection of any fluid. By this means, M. Barth proposed to keep the cyst evacuated, and by constant contact of the cyst walls to favor adhesion, and thereby a radical cure.

— The Medical Department of the University of Louisville has been destroyed by fire, but we learn that enough of the apparatus was saved to enable the lectures to be continued in the Law Department adjoining. The loss occasioned by the fire, we are happy to hear, is covered by insurance.

ACADEMY OF MEDICINE.—At the November Session, the Academy reconsidered its previous vote upon the subject of building a Hall, and indefinitely postponed balloting for a building committee. We have already expressed our opinion upon this subject, and are rejoiced to find it accords so nearly with that entertained by a majority of the Academicians. There are, however, collateral matters appertaining to this subject, which we should like to have taken up and acted upon immediately. Let us have a library worthy of our city and country. There is wealth enough in the profession of New York to accomplish this desirable object; and the objections raised against the erection of a Hall do not hold against the formation of a large and valuable medical library. If an amount of energy and action, equal to that which was displayed in bringing forward and sustaining the former proposition, be exerted toward the accomplishment of the latter, a worthy monument will soon be raised to the honor and permanency of the Academy. There can be no possible objection to such an undertaking; and we are ready to commit ourselves to second all movements made in that direction.

The same evening, Dr. McElheran read a paper upon "The Developments and Causes of Variety in Mankind," which we gave at length to the readers of THE MONTHLY in our last issue, including some further reports upon cranial magnitudes, added by the author.

At the regular meeting for December, a Report was read by the Chairman of the Section on Public Hygiene, "On the use of Marine Algæ as Medicated and Nutritious Food;" after which, Dr. Brown-Sequard entertained the Academy by an exposition of his views upon the Cause and Cure of Epilepsy. This distinguished physiologist,

whose recent researches upon the supra-renal capsules are now engaging the attention of physiologists and pathologists, gave a clear and concise review of the experiments which led him to the discovery, that he could produce at will, upon certain animals, symptoms simulating epilepsy. His remarks were illustrated by demonstrations, whereby he attempted to prove that particular portions of the body became, under certain conditions, peculiarly sensitive, and that this increased sensitiveness being irritated, produced the epileptic manifestations; and he furthermore stated, that if this irritation be frequently and successively repeated, death would be the result, through a paralysis of the pulmonary nerves.

As a cure for this epilepsy in these animals, he had found that a division of the nerves leading to this sensitive part, prevented a recurrence of the attack upon irritation of that part.

Dr. Barton, of New Orleans, entertained the Academy, at an extra Session called for that purpose, by a paper upon "The Cause and Prevention of Yellow Fever." The subject was not treated in any respect very materially different from that made use of in his Sanitary Report to the Common Council of New Orleans, which has been before the profession for some time, and which we reviewed at length a year since. The Report demanded more than an ordinary notice, and we consequently gave it that consideration which it deserved. Dr. Barton has treated the part of the subject to which he has given his special attention with marked ability; and his views, founded upon accumulated scientific data, are worthy that attention which the Academy accorded them. He took occasion to controvert some conflicting statements made by another distinguished physician of New Orleans, about a year ago, from the same place, and to sustain his own by recorded facts. Arguments thus fortified are beyond the reach of any attack from statements generalized from memory only, unsustained by any positive record. Relying upon these, Dr. Barton may rest content with his position.

We congratulate the Academy upon the termination of a successful year. The past twelve months have been, beyond question, the most prosperous in its existence. Its sittings have been almost uniformly well attended—many very fully attended—and the papers read have been of great excellence, and so many in number that they have necessitated extra sessions.

We congratulate, then, the Academy upon its present condition. Doubtless it has been in a great measure owing to the efforts made by the officers, whose interests in the actions of the Academy have

stimulated them to more than usual exertions in obtaining papers of an high order to be read before them, and in inviting distinguished strangers to address them. We trust the coming year will find no relaxation in this respect, but that the already increased interest in the sittings of the Academy will be sustained, or even improved upon.

We have one suggestion to make in referring to the proposed discussion upon Yellow Fever. Few of the Academicians have any practical knowledge of that disease; and we believe the recollections of those few would add little, if anything, to the elucidation of the subject. There are subjects, however, with which every member is familiar. There are diseases which are present with us now and every year—sometimes assuming an epidemic form, the mortality from which is greater every season than was experienced from Yellow Fever in this region last summer. We have now in our midst a disease which is very fatal to children, and which would be a subject of more practical consideration for the Academy at this time than Yellow Fever. The mortality from Scarlet Fever the last week (December 22) was 45; and if we take the ratio of cases to deaths as 28 to 1—the proportion given by statisticians—we have sick from Scarlet Fever in this City at the present time from 1200 to 1500 children. From the City Inspector's Report for 1854, we learn that there were during that year 517 deaths from Scarlet Fever, and for December of the same year 90 deaths of that disease. In the table of classified diseases, it is the thirteenth in order of severity, and in diseases peculiar to infancy stands next to croup. When we consider that the mortality among children below 10 years is more than half of the whole mortality, and that if we take December, 1854, as data, we have 1880 deaths as the total of all ages, and 1114 deaths among children under 10 years; and if we consider that one in about every 18 of these died of Scarlet Fever, the subject assumes an importance worthy the attention of the Academy. This year, this fever is more fatal, and seems to be more generally prevalent, both here and in other cities, than in 1854.

It is good policy in time of peace to prepare for war; but never to the neglect of appropriate measures to prevent or to subdue internal disasters. We hope the Section on Theory and Practice will present this subject before the Academy for discussion, while its Fellows are so laudably interested in its actions, and so unanimously attend its sittings.